and cer carbon поме physiciam aftending pleas attending physician, as been signed by the burial-fransif use prior for R: After this detached for A TIEND ay be refaire RECTOR: death. Page
TO FUNERAL
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be filed with th **VR A15 (4)** 15M 9/60

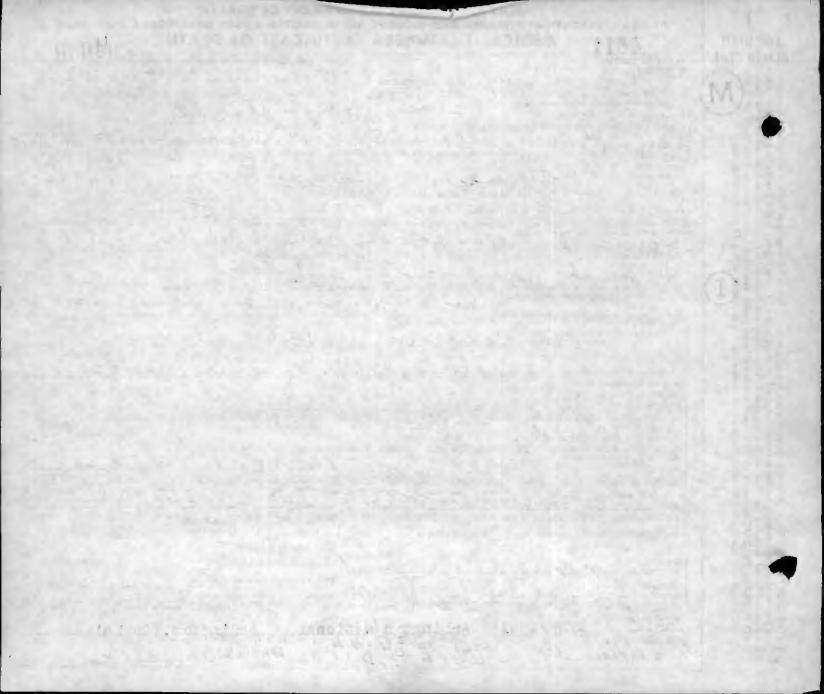
CERTIFIC

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4610 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Prince George COUNTY Prince George MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town 1 heur 50 mins. 31:05 Tilden St. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital Brentwood. YES NO X 3. NAME OF DATE Month Year DECEASED OF (Type or print) DEATH 1967 Austin Baby Boy April 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Male White WIDOWED | DIVORCED IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland None None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Warren Austin Jame Lula Booher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. Address INFORMANT (Yas, no, or unkown) | (Ifyes give wer or dates of service Mother Same as above INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c), loped Kerp. Centers ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve risa to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not While Hour a.m. et work el work n.m. 21. I certify that (I) (this hospital) attended the deceased from...April....21...., 1961. to April...21...., 1961., that (I) (we) last 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d ADDRESS Thiversity Bulovard Hyattsville, Ma. William R Greco. M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREO 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) Prince Géo. Gen. Hospital Cremation Cheverly, Maryland 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR DDRESS DATE MAY 1 5 '61 arthur S. Thank

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT Threadmission) 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence 1. PLACE OF DEATH e. COUNTY / b. COUNTY! Health, files. MARYLAND b. CITY OR TOWN (if outside corporete houts, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give negrest town) o d Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 20 retained he State B YES NO NAME OF Middla DATE Lest 4. Month Day Year DECEASED 2, and 3 to the OF the (Type or print) DEATH 19 2 with S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In yabrs | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TI NEVER MARRIED may age 5 may 1 and 2 wil 72 hours last birthday) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1/11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, even if retired) in Item 18. Give Pages pages I PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 Office along with form burial-transit permit. File novel, and in any prest This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewar or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" geve rise to immediate cause 10 DUE TO (a), stating the underlying SE cause last. used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8) 19. WAS AUTOPSY PERFORMED? cremati 2 re certificate, writing the word Medical NO plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO Chief age 3 20d. INJURY OCCURRED | 20e. PEACE OF INJURY (Home, ferm, 1/20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, straet, office bldg., etc. 0 While Not While OR: Pa at work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Accident 2 Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S should NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 225. DATE THEREOF NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spatify) 40 % 0 Burial 961 onal Arling ton. Virginia 0 24a. REC'D BY REGISTRART 24b. REGISTRAR'S SIGNATURE VS. A15ME APR 1 9 '61 Orthur S. Krous 5M 7/59 DATE

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) . PLACE OF DEATH a. COUNTY Page files. Health, a. STATE 6. COUNTY b. CITY OR TOWN (if outside corporate limits. MARYLAND Maryland Prince George's OR TOWN It outside corporate limits, write RURAL and give needs from ctor. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 5 Upper Marlboro d. NAME GRADSPITATOR INSTITUTION (if not in hospitel, give greet eddress) STREET ADDRESS If any dela uld be executed within 24 hours after death. If any dela In pencit in Item 18. Give Pages 1, 2, and 3 to the funeral Examiner's Office along with form PM3. Page 5 may be retained a used as a burial-transit permit. File pages 1 and 2 with the State 8 wide, or removal, and in any event. Within 72 hours after death. 2182 Upper Marlboro NAME OF Middle 4. DATE DECEASED (Type or print) Beall DEATH Edward mril 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ast birthday) WIDOWED October 5. 1895 DIVORCED Cancasian Male 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) General Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Livingston Beall Estelle Jones This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivawarordatesofservice) Oscar Beall. same as 18. CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Conditions, if any, which (6) gave rise to Immediate cause "pending" DUE TO (a), stating the underlying causa last. pe nsed no. CERTIFICATION cremati is certificate, writing the word warded to the Chief Medical E. IRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial. 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer should be forwarded to the Chi fectory, street, office bidg., atc.) 0 While Not While Hour n.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. designated agent, Natural causes K Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER please execute
4 should be fo SIGNATURE DEPUTY MEDICAL EXAMINER T DEPUTY EXAMINER'S Boyd NAME (Type) ames I. Address (Streat, city, town, or county) 22c NAME OF CEMETERY-OR-CREMATOR DATE THEREOF 22a. BURIAL CREMATION 22b. REMOVAL (Specify) 6 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR VS. A15ME

e. IS RESIDENCE ON A FARM? Box 2182 Upper Marlboro YES IN NO Dey Year 1961 7. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? S. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? NO [(County) (Steta) Inquiry X and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country (State) 24b. REGISTRAR'S SIGNATURE Cilling S. Kraus FR 1 2 '61 5M 7/59

TALKET OF THE AVENUE OF AT A TRACK the control of the second control of the control of MYARO, TO STADING IC. 2 REMINARD LAURINA OF S Therefore the dealers and the second of the or of that might a great that the state of t on druit territ that the same of the same The second secon And the second of the second o test at every light to the light of the ligh Charles to the transfer of the on 12 has stine in a Pl se worth from a college one libral Mary I service to the

事で Pages within fille and car physician remove please gribnatite Then the p the certificate use for the this After DIRECTOR: death. Pagé ector,

TON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. side corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR papers. n 72 hor NAME OF DECEASED OF (Typa or print) DEATH 9. AGE (Wypers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED Months WIDOWED Z DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY dona during most of working life, avan if ratired) 13. FATHER'S NAME .5 15. WAS DECEASED EVER IN U.S. A MED FORCES? (Yas, no, or unkown) Lafyasgive was or datasofservica) 16. SOCIAL SECURITY NO. 1 17. INFORMANT loval, 18. CAUSE OF DEATH |Entar only of causa per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO [5] gave rise to immadiate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. prior 208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm.) 20f. (Citytor town) Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work hospital attended the deceased from .. to ..., and that death occured from the causes and deceased alive ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City, town or county) 23a. BURIAL, CREMATION, CEMETERY OR CREMATORY REMOVAL (Specify) 0 5 3 255. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR'S SUE VR A15 (4) 15M 9/60 Orthun S. Krass

e. IS RESIDENCE

196/

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO .

(Stete)

19....., that (1) (last

on the date stated above.

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

ON A FARM? YES NO

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by the funeral The law requires that the death certificate be axequited within 24 hours after carbon papers. Pages I and 2 by, within 72 hours after death. TO HOSPITATIONS ALTENDING PHYSICIAM: The law requires that the death cartificate be executed within death. Page 173 be retained by the hospital or attending physician. TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and completely filly director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any genet, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any genet, within 72 hours after the state Dept.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2014	CERTIFICAT	E OF DEATI	The state of the s	04603
1. PLACE OF DEATH			a, STATE_	ICE (Whara dacassed lived, If Institution)	Residents before addission
Prince Geo		MARYLAND	Maryland	Promisers	स्कार्यस
b. CITY OR TOWN (if write RURAL and	outside corporate limits, give neerest town)	c. LENGTH OF STAY IN 16		(If outsida corporata limits, writa RURAL an	d giva nearest town)
Chever		26 days	Deale		
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in h	ospital, giva street eddrass)	d. STREET ADDRESS	- *	IS RESIDENCE ON A FARM?
3. NAME OF	orge's General	Hospital	Last	4. DATE Month	YES NO Dey Year
DECEASED (Type or print)		_		OF DEATH	- 10.4
	Dorothe	aBe	rlitz	April	28 1961
5. SEX	6. COLOR OR RACE 7. MARI	RIED K NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UNDER I	7 11 11 11 11 11 11 11 11 11 11 11 11 11
Female	White WIDOV		3-4-07	54 yrs.	Days Hours Min.
10a. USUAL OCCUPATION done during most of wor	ON (Give kind of work 10b. king life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour		TIZEN OF WHAT COUNTRY
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IS. PATHER S NAME					
FRANCIS Kog	R IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. 1	Marian Frer	trude Nagel	
	yasgiva warordalasofservice)				
NO		IT 4	s Berlitz	Deale, Md.	
18. CAUSE OF DI	EATH [Entar only ona causa pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN
	WAS CAUSED BY	remoma.	110/mil		ONSET AND DEATH
151		wine may.	necum		2905
1 37	DUE TO				
Conditions, if any,	1 7				
gava rise to immedia					
(a), steting the un causa last.	derlying				
	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T DEL ATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	T 1/41 10 WAS AUTORSY
PARY II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	SIGNIFICANT CONDITIONS C	SKINGOING TO DEXTI BUT NO	A STEATED TO THE TERMI	IAL DISEASE CONDITION GIVEN IN TAK	PERFORMED? YES NO
20a. ACCIDENT WA	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED	. (Enlar natura of injury in	Part I or Part II of Itam 18.)	
	MEDICAL EXAMINER)				
5 20c. TIME OF INJUR			CE OF INJURY (Homa, far. ory, streat, office bldg., etc		unty) (Slata)
20c. TIME OF INJUR	10 al w	rile Not While fact	ory, streat, onice blug., en	i**/ j	
-			A	10 62 1 6 00 10	(3 11 1 (1) (1-1) 1-
			*	19.61, to April 28., 19	
saw the decease	ed alive onApril	281961., and that	death occured a.:	20Mp from the causes and on	
22a. SIGNATURE	· andro	SA A AD	ATTENDING	MED. STAFF	22b, DATE SIGNE
Don	A CALLIII	XO Bell M		DIRECTOR PHYS.	310110
22c. PHYSICIAN'S	1000 00 115	- Carel	22d. ADDRESS	/	1000
NAME (Type)		/	174/27	S+-7111 111	note we
an Disposi Constitution	ON LOOK DATE TUENCOE	193- MANE OF CEMETERY	OD CREMATORY	23d. LOCATION (City, town or count	ty) A (State)
23a, BURDAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	w/	23d. LOCATION (City, fown or count	In (Sime)
DURIAL	1/A1 1 196	HILICREST	MEMORIAL	MANAPOLIS	rid
24 FUNERAL DIRECTOR	SISIGNATURE	ADDRESS A	. 11 .1 25a. RE	C'D BY REGISTRAR 25b. REGISTRAR'S	
TAX	andesty + 5	in Galesn	ella, Md. DATE M	IAY 2 '61 arthur &	Trank

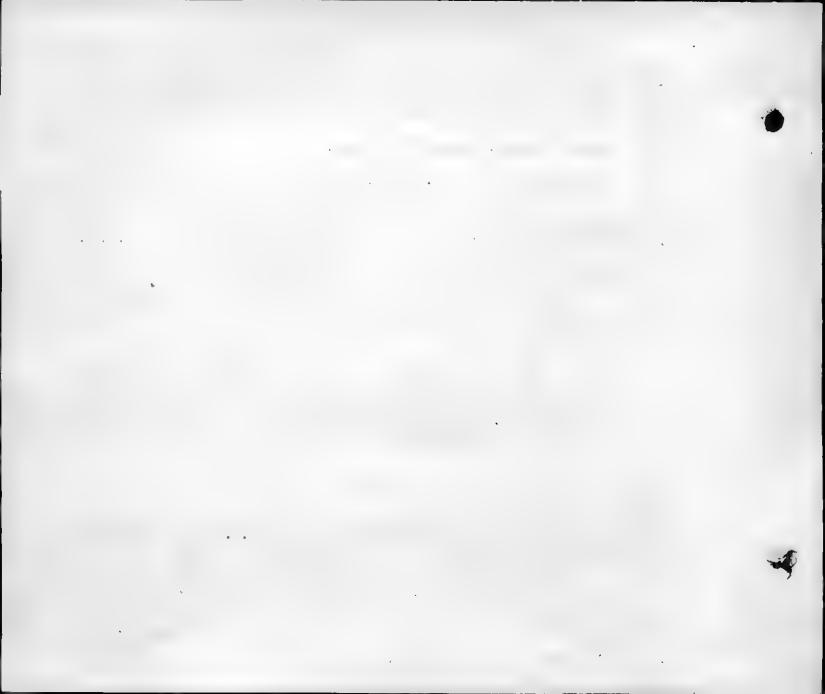
This bear ? Charles and Hazartechode Karel FRANCI VICTORES Elles I'ms Berlitz Dusley Keet. BIRDE THERE MILEREST MEMBERS AND PROSESS AND The Mandestyr In Galenilla, Me me - was an

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4615

04604

7 PLACE OF DEATH G. COUNTY			2 USUAL RESIDENCE (Wh	nere deceased lived. If institution, Res	idence before admission)		
	Prince George MARYLAND			Maryland Prince George			
	utside carparate limits, wri			outside corporate limits, write RURAL o	and give nearest town)		
Chev		lı days	Landover		*		
OR INSTITUTION	(If not in haspital, give str		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES □ NO 1.4		
	orge's Gener		Landover Roa		TES LI NO E		
3 NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year		
(Type ar print)	George	0. Bi	ekley	DEATH April	19 61		
5. SEX 6	COLOR OR RACE 7 N	AARRIED 🗌 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (in years IF UN last birthday) Manti	DER 1 YEAR IF UNDER 24 HRS		
Male	White WIDE	OWED 🔲 DIVORCED 🔲	12-27-79	87 yrs.	hs Days Haurs Min		
10g USUAL OCCUPATION	(Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	ar fareign country) 12	CITIZEN OF WHAT COUNTRY?		
during most of working Retired Fa		Farmer	Illinois		U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
William Bi	cklev		Mary W	Varner			
		16. SOCIAL SECURITY NO 17 IN	IFORMANT	Address			
(Yes, no or unknown) (IF)	yes, give war or dotes of service)		Harriet Snyde	r As Above #	2.		
no	· fe · · ·		Tarrict Bily ac	1 110 1100 10			
		er line for (a) (b), and (c).]	2000		INTERVAL BETWEEN ONSET AND DEATH		
I A A A	WAS CAUSED BY: MMEDIATE CAUSE (a)	coronay or	clusion		14		
430	DUE TO	20/01/1/1	. / . /	-1.			
	Canditions, if any, which) (b) Quiterior clerote head phiscare gum						
	gave rise to immediate cause (a), stating the under-						
lying cause last.							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY							
15 Roberts William none PERFORMED? YES NO							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
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		ended the deceased fram.			9 61, that (i) (we) last		
22a SIGNATURE	dive on Apri	T_T_17, DT, and that a	leath accurred at 2.5	54, of came the causes and an	the date stated above		
The state of the s	4 Heyen	acen		ED. STAFF RECTOR PHYS	SIGNED		
22c. PHYSICIAN'S NAME (Type)	Till Ber	geman, M.D.	22d. ADDRESS 4:314 Ga	llatin St. Hya	ttsville, Md		
230 BURIAL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City town, or coun	ity) (State)		
REMOVAL (Specify) Burial	4/8/61	Ft Lincoln	Cemeterv	Colmar Manor, M	ld.		
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		D BY REGISTRAR 256, REGISTRAR'S			
F. Gasch	s Sons Hya	attsville, Md.	DATE #	APR 1 0 '61 Carlin	or S. Knees		



W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY Prince Georges Mary land Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 writa RURAL and give nearast town) MdCollege Cheverly 16 hours Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 500L Laguna Rd Prince Georges General etely 3. NAME OF Last 4. DATE Middle DECEASED DEATH Apri (Typa or print) Bl 11m Amos pllysician and col ×iñ. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR last bidhday) Months White WIDOWED [Male D VORCED 1Da. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Government Chemist Pennsylvania 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Lillian Miller Henry Blum ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) . (If yes give war or datas of service) Ruth C Blum College Park, Maryland. no 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT prior 208. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) After 20c. TIME OF INJURY 20d, INJURY OCCURRED, 20a. P. ACE OF INJURY (Homa, farm, 120f. (City or town) (County) Month, Day, Year factory, street, office bidg., atc.) While Not While Hour a.m. at work at work 196 1 to 4 4 ... 19.6 1 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .. 19.6 1., and that death occurred at .. 3:05 PNom the causes and on the date stated above. 22a SIGNATURE ATTENDING death. Page 4

Tector, page file. DIRECTOR PHYS.

VR A15 (4) 15M 9/60

22c. PHYS.CIAN'S NAME (Type)

Burial (Specify)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE

certificate be

1961 Calvery Cemetery F. Gasch's Sons Hyattsville, Md.

23c NAME OF CEMETERY OR CREMATORY

H. David Kerr, M.D.

22d. ADDRESS

9812

Pittsburg, Pennsylvania 25a, REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

49th Ave. College Park, Md

23d. LOCATION (City, fown or county)

. IS RESIDENCE ON A FARM?

YES NO TO

1961

IF UNDER 24 HRS.

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED? NO L

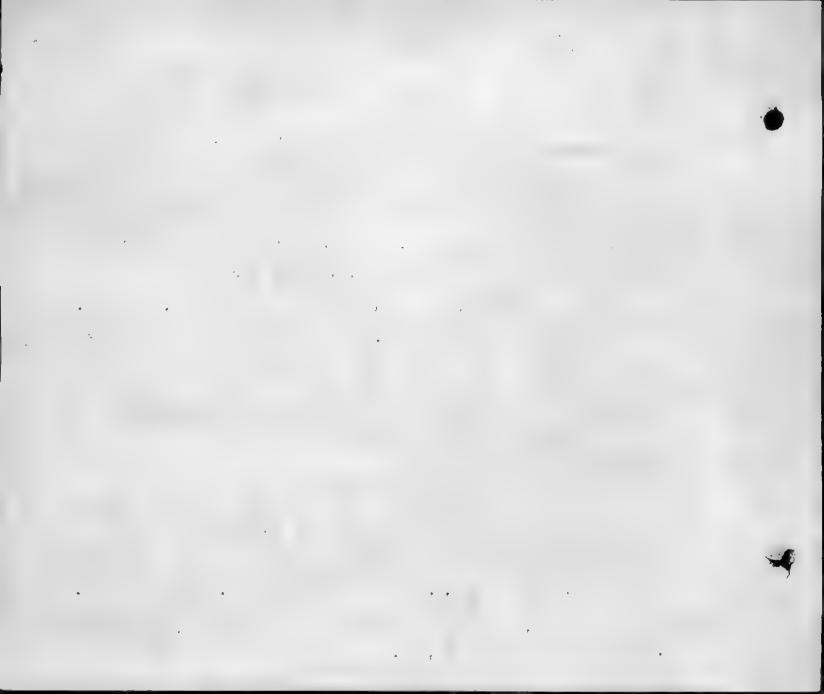
(Stata)

SIGNED

(Stata)

S

Clothun S. Frank DATE



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If .nstitution: Residence before admission) a. STATE b. COUNTY
		Prince Georges MARYLAND	D.C.
		Prince Georges b. CITY OR TOWN (if outside Exporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
		write RURAL end give neerest town) Glenn Dale (RURAL) 93 days	Washington 4/X-
-	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street address)	d. STREET ADDRESS
~			ON A FARM?
	· -	Glenn Dale Hospital	624 - 3'd St., N.W. YES NOT
		NAME OF F.rst Middle DECEASED	Last 4. DATE Month Day Year OF
		(Type or print) Frederick W.	Bowers DEATH April 30 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED X	1/10/03 lost birthday) Months Days Hours Min.
		. USJAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY!
		Hotel Clerk	Washington, D.C U.S.A.
	13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Clarence Bowers	Josephine Gray
)	15.		NFORMANT Address
	11e	yes National Guard 579-03-8941	Decedent
	~ '	18. CAUSE OF DEATH [Enter only one out to per him for (a), (b), and (c),]	I INTERVAL BETWEEN
			CONSET AND DEATH
		IMMEDIATE CAUSE (a)	1 yr. 7 mo.
		DJE TO	
		Conditions, if any, which to (b)	
		gave rise to immediate couse DUE TO	
		(a), stating the underlying Couse lest.	
	z		I RELATED TO THE PERMINAL D SEASE CONDITION GIVEN IN PART I(4) 19. WAS AUTOPSY
	110	Abdominal-perineal resection and append	related to the remainal D sease condition given in Part I(a) 19. Was autopsy lectomy 9/59; severe coronary egreometed nimal, inactive; left orchidectomy yes A No
	2		
4	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	fact.	CE OF INJURY (Home, farm, '201. (City or lown) (County) (Stete)
	IG3V	Hour a.m. While Not While tech	ory, street, affice bldg., atc.)
		7 1	Jan. 27, 19.61 to April 30, 19.61, that (I) (we) last
		saw the deceased alive on March 30 1961, and that	death occured at 39 M, from the causes and on the date stated above.
		22e. SIGNATURE	22b. DATE
- 1		Wol Wen	ATTENDING MED. STAFF PHYS. T DIRECTOR DE PHYS. T
1		22c. PHYSICIAN'S	22d. ADDRESS
L		NAME (Type) Moe Weiss	Glenn Dale Hospital, Maryland
		BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (State)
	4	Durial May 5, 1961 DEUNP 1	Till UP DEC CO., Pla.
· ·	24	FUNERAL DIRECTOR'S SIGNATURE	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
,	17	"M Chambers Coulna man A The	P. P. DATE MAY 5 '61 arthur S. Kines
	1-11	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

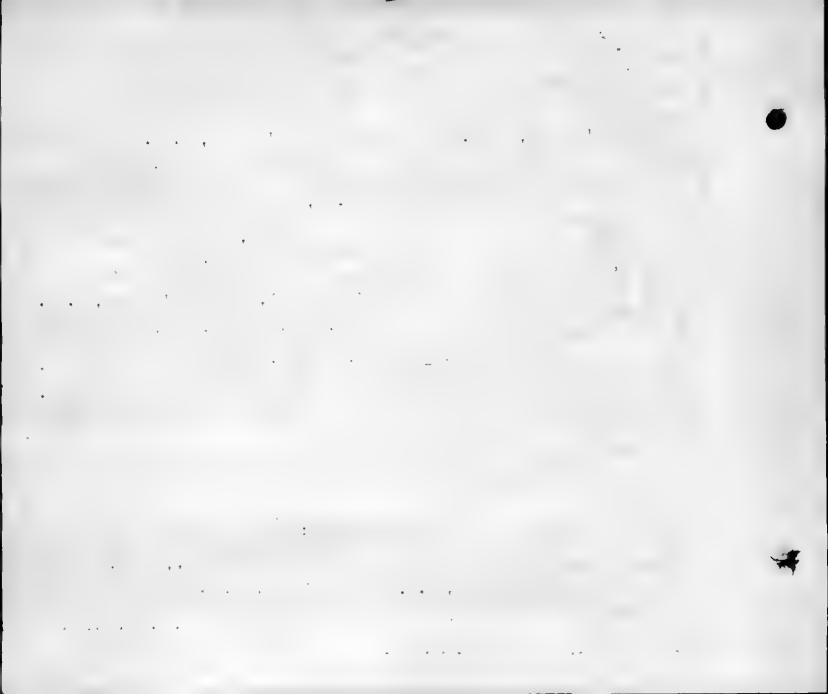
13	CERTIFICATE	OF	DEATH
----	-------------	----	-------

Reg. Dist. No. ()4607

Ł		- 7JL()		•				Reg. Di	st. No. () 1/2 () () /
Ī	PLACE OF DEATH					2 USUAL RESIDENCE (Who			ce before admission)
A	o. COUNTY	e George	Cor	MARYLA	ND	o. state Marvland		b. COUNTY Prir	nce George
r	b. CITY OR TOWN III	outside corporate limi		c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If ou	tside corporate li		
	RURAL and give ne	Allentown		20 yea	rs	Rural A	llentown	1	5
F	d NAME OF HOSPIT	AL (If not in hospital, c	ive street	oddress)		d. STREET ADDRESS			e. 15 RESIDENCE ON A FARM?
L	6665 P	at's Lane	, S.	E.		6665 Pet	s Lane	S.E.	YES NO TO
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Month	Day Year
L	(Type or print)	Dimi		Margar		Brandl	OF DEATH	April	5 1961
5	SEX	6. COLOR OR RACE	7 MARE	IED 🔲 NEVER MARRIED	8.	DATE OF BIRTH	9. AC	birthdayl Month	DOYS Hours Min.
Ł	F	W	WIDOWI	DIVORCED		Feb. 6, 187	73	88 713	Doys Hours Min.
K	o USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b		INDUST	RY 11. BIRTHPLACE (Stote o	r foreign country	12. CIT	IZEN OF WHAT COUNTRY
L	Housew:			At home		Koenigsbe	erg. Au	stria	Austria .
13	, FATHER'S NAME					14. MOTHER'S MAIDEN NA			
	Josef J	ager				Margar	ceta Kl	ieba	
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.				Address	
	No	None		None	E	rica Brand]	1, 6665	Pat's La	ne, S. E.
F	18. CAUSE OF DEA	TH [Enter only one co		ne for (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c	, C	erebral T	hro	mbosis (Ria	tht Hem	iplegia)	8 dava
		DUE TO							
ı	Conditions, if ony, which) Arterio-Sclerosis - Senility							10 yrs.	
П	gove rise to in couse (o), stoting t	nmediote							-
Т	lying couse lost.) (4		labetes M	CIT	Lug			3 yrs.
2	PART II OTH					OT RELATED TO THE TERMIN	IAL DISEASE CON	IDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
140	Fract	tured Tho	raci	.c Vertebr	ae	1955			YES NO
CFETIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in Po	ort I or Part II of	ilem 18.}	
CAI	20c. TIME OF INJUR	/ Month, Day, Ye	ar 20d. II	NJURY OCCURRED 2		CE OF INJURY (Home, form,		wn} ((County) (Slote)
MEDICAL	Hour a.m.	19	While of wor	Not while	tocto	ory, street, office bldg., etc.)			
		at I attended the	decoas	ed from Ma	V	1053 to 4/	5/61	10 that I	last saw the deceased
ı	alive on	3/31				9.421	Old from the	contract and an i	he date stated above
	dilve oil		, , ,	, and man a	leam			ity or town, stole)	DATE SIGNED
	ACTUAL SIGNATURE	nna (arter	e Toold	M	. 7519 Bro	adview	Rd., S.	E. 4/5/6]
	PHYSICIAN'S NAME (Type)	Anna Co	yne	Todd, M.D	•	Washingto	on, 22, 1	D.C.	
2	PENOVAL (Secrita	N. 225 DATE THERE)F	22c NAME OF CEMET			22d. LOCATION	City, town, or county)	(Stote)
	REMOVAL (Specify) Burial	4/8/1961		Washington	Nat	1 Cemetery	Suitlan	d Rd.Pr.Geo	.Co., Md.
7	W.Chamber	SIGNATURE 517	11t	h St.S.E.Was	sh.D	C 240. REC'D	BY REGISTRAR	24b REGISTRAR'S SI	SNATURE 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the hospital ar attending physician.

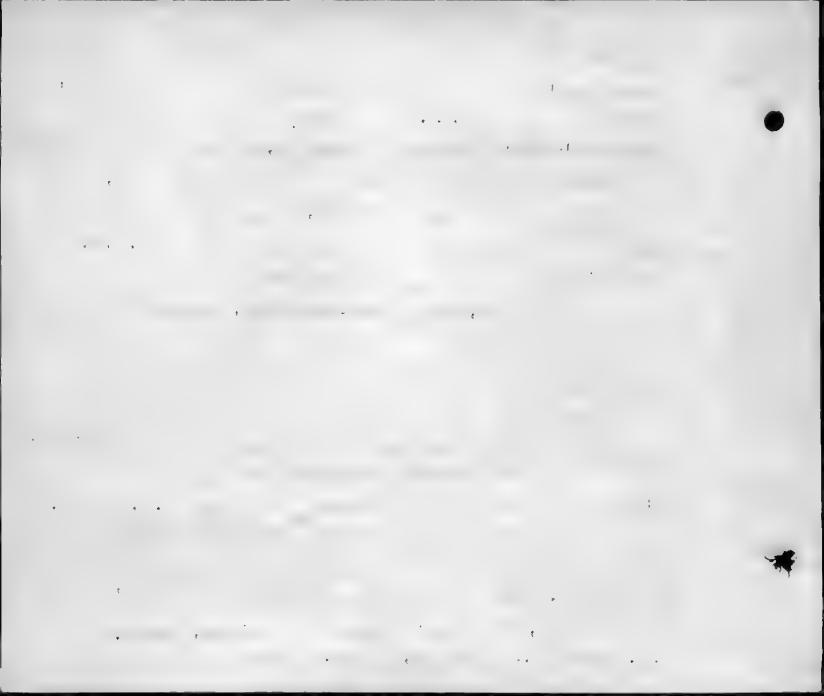
TO FUNERAL DIMICTOR: After this certificate has been signed by the attending physician and completely filled in by whereal director, page 3 should be detachad for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS ATS (4) TSM P/S5



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission) a COUNTY a. STATE b. COUNTY MARYLAND Many I and Prince George S City of TOWN (If outside corporate limits, write RURAL end g ve neerest town) b cirroringe George ! s imis C. LENGTH OF STAY IN 16 write RURAL and give neerest town) ō Clinton. D.O.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Route # 1. Box 115 State Prince George's General Hospital YES NOW 3. NAME OF Middle 4. DATE Month DECEASED 2, and 3 to the 19 6] (Type or print) DEATH Anril 20. Bridgett Webster 6. COLOR OR RACE 7. MARRED NEVER MARRIED S. SEX B DATE OF BIRTH 9. AGE (In years ; IF UNDER 1 YEAR , IF UNDER 24 HRS. THRY ₹ 5 m and 2 w iest birthdey) WIDOWED [DIVORCED Male April 9 huld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at 1De USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Carpenter Building Maryland form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deniel Bridgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Julia Murphy (Yes, no, or unkown) | (If yes give wer or dates of service) Examiner's Office along with a used as a burial-transit permi Mrs Lare Bridgett. same as # 2 Yes. Unknown None 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUF TO (a), sleling the underlying PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 e certificate, writing the word NO Medical plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part I of Item 18.) PRIMARY OF CONTRIBUTING Found in automobile in rear of home please execute the certificate, writing a should be forwarded to the Chief D. FUNERAL DIRECTOR: Page 3 v its designated exect. | 20d. NJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (Stete) Monly, Day, Yeer (County) factory, street, office bldg., atc.) While Not Whila 6] at work at work Yard of home 6:00A Clinton 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection Inquiry | and in my opinion Suicide . Undetermined manner death resulted from. Natural causes Accident Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY April 20, 1961 James I. Boyd NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) Suitland Maryland 40 Cedar Hill Cemetery 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I Vs. A15ME W. W. CHAMBERS CO., Riverdale, Maryland. DAAPR 2 4 '61 5M 7/59 arthur S. France

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where decreesed lived, If Institution: Residence Prince George b. COUNTY e. STATE MARYLAND Maryland Prince Meorge b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN III outs'de corporete lim ts, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) 13 Min 6230 Lee Place d NAME OF HOW TALL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? Cedar Heights Prince George General Hospital YES NO completely 3. NAME OF DATE Month Yaer DECEASED OF 1961 ADI . Baby Boy Brown DEATH (Type or print) and cor 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED X 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthday) Male Colored ADY . WIDOWED [DIVORCED physic an We. USJAL OCCUPAT ON (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Ster 12. CITIZEN OF WHAT COUNTRY? remove or fore an country) 6 done during most of working life, even if relired) Marvland U.S.A. None None 13. FATHER'S NAME 1.14 MOTHER'S MAIDEN NAME please ding Isabelle Ralph Aaron Eugene Thorne aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURTY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give we ror detes of service) None Mother Same (1) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH signed by Remoderate PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which (b) geva rise to immediate cause **DUE TO** (e), stelling the underlying has the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [CAUSE OF DEATH detached for After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) fectory, street, office bldg., etc.) While Not While Hour e.m. oy be rent of the de at work at work 21. I certify that (I) (this hospital) attended the deceased from 19...., that (I) (we) last the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. 5 GMATURE. ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL rector, page 3 filed with th 22c. PHYSICIAN'S 22d, ADDRESS Dr. John Perkins, . M.D. 23c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) O To B Cremation Prince Teo. Hospital Cheverly 25e. REC'D BY REGISTRAR" 1256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE MAY 1 5 '61 Penn.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04609 CERTIFICATE OF DEATH 4621 Priace OF DEATH
e. COUNTY
Priace George 2. USUAL RESIDENCE (Where deceased rived, if Institution: Residence before admission) b. courrince George Maryland MARYLAND 2

	b. CITT OK TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
- 1		ll days	Seabrook		
_ <	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	,	e. IS RESIDENCE
	Prince George General	^{rl} ospital	9321 Wo:	rrel Ave.	YES NO V
3.	NAME OF First	M'ddle	Last		Pey Year
		e Lucinda B	rown	DEATH Apr	il 28 ₁₉ 61
5.	SEX 6. COLOR OR RACE	MARRIED NEVER MARRIED	B DATE OF BRITH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
F			October 15	, 1887 73 yrs.	Months Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work	TOB. KIND OF BUSINESS OR INDUST	RY 11 B RTHPLACE ,Cour	nly & Stella, or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife,	Own home	Martinsb	urg, W. Va.	U. S. A.
13.	FATHER'S NAME				
	George Sakeman		Lucind	a White	
15.	WAS DECEASED EVER IN U.S. ARMED FORCE	\$7 16. SOCIAL SECURITY NO. 17.	INFORMANT	CAtheb	. Md. Terrace
110	No.	None Mr	. George E	. Brown 451	N. Waverly
	18. CAUSE OF DEATH [Enter only one of	ause perjine for (e) (b), and (c).)	1.0.0	S. da	INTERVAL BETWEEN ONSET AND DENTH
	PART I. DEATH WAS CAUSED BY: * IMMEDIATE CAUSE (6)	Maker	comen	ug ceren	- Jacy
	∠ ✓ DUE TO	Charles To	Truga la	The state of the s	
	L A	Cercura /	would	as a	
	gave rise to immediate cause	es Oit	I pila	ulberi	
	cause lest.	- Contracting to	1 account	9 A	`
Z	PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBLTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1,e) 19. WAS AUTOPSY PERFORMED?
ATK		·			YES NO 4
TEF		Ob. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Part II of Itam 18.)	
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. T.ME OF INJURY Month, Dey, Yeer	T			(County) (Stata)
MED		while Not While	cory, sirear, office brug., erc]	
) attended the deceased from	April 15	1961 to April	28 , 1961, that (I) (we) last
	saw the deceased alive on Apri	1 28 1961, and tha	1 00		
	228. SIGNATURE				22b. DATE
	Mexica	eure ,	THE PARTY OF THE P		4-28-51GNED
	22c. PHYSICIAN'S	Etismu	22d. ADDREST	0000 5	art 4d
	NAME (1998)	- / /E/V/U	- 00	mye o	1, 1/
234	BURIAL, CREMATION. 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	
200	REMOVAL (Specify)	l = 1 = 1		Cumberlar	d Md
200	Burial 5/2/61	Davis Memor	ial Cem.	Cumberia	id; iid.
	Burial 5/2/61 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Memor	25e. RE	C'D BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
	Burial 5/2/61		25e. RE	C'D BY REGISTRAR 256. REC	
	5. F 10s do	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (IF IT PRINCE GEORGE GENERAL Prince George General 3. NAME OF DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE 7 Female White 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) HOUSEWIFE, 13. FATHER'S NAME George Sakeman 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no. or unknown) (If yes give wer or detes of sent NO.) 18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e), steining the underlying cause lest. VOLUME OF INJURY MADICAL EXAMINER) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. 1 certify that (I) (this hospital saw the deceased alive on ADATA 22a. SIGNATURE	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George General Hospital 3. NAME OF DECEASED (Typa or print) Abbie Lucinda 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED D. VORCED IGA. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE, Own home 13. FATHER'S NAME George Sakemam 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unbown) (If yes give were or detes of service) NO No No ne Mr PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATM BUT NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR ONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on April 28 1961, and that 22c. PHYSICIAN'S	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George General Hospital 3. NAME OF DECEASED (Type or print) 5. SEX FEMALE White Widle Lucinda Brown 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRITH FEMALE White Widle Lucind Brown 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRITH FOR USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE, Own home Martinsb 13. FATHER'S NAME George Sakemam 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unlown) (If yes give we'ro' detea of service) NO ne Mr. George E 16. CAUSE OF DEATH (Enter only one cause persine for (e) (b), end (c). PART I. DEATH (Enter only one cause persine for (e) (b), end (c). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (e) stelling the underlying (e) cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. (FITTHER) (FITTHER)	Cheverly d. Name of pospital or institution (if not in hospital, give street address) Prince George General flospital 3. Name of Decrased Abbie Lucinda Brown Abbie Lucinda Brown 5. SEX 6. COLOR OR RACE [7, MARRIED NEVER MARRIED B DATE OF BRITH Female White widowed D. D.VORCED October 15, 1887 108. USJAL OCCUPATION (Give kind of work and of working life, swent i retired) Housewife, Own home Martinsburg, W. Va. 13. FATHER'S NAME George Sakemam 14. MOTHER'S MADIEN NAME Lucinda White 15. WAS DECRASED EVER IN U.S. ARABO FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT None None Mr. George E. Brown 451 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE IN MARKED CAUSE OF DEATH IN THE RESERVE HOW INJURY OCCURRED LIFE OF INJURY (Home, farm, p.m.) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE IN MINING CAUSE OF DEATH IN THE RESERVE HOW INJURY OCCURRED LIFE OF INJURY (Home, farm, p.m.) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE IN White life there, Noticy Medical Examines; 20c. T.ME OF INJURY Month, Dev, Yeer 21. I certify that (I) (this hospital) altended the deceased from April 15. 19.61 to April saw the deceased alive on April 28 1961, and that death occurd 230. PM/Month the causes ALTENDING ALZE PHYSICIAN'S ALZE ADDREST PHYSICIAN'S ALZE PHYSICIAN'S ALZE PHYSICIAN'S ALZE PHYSICIAN'S ALZE PHYSICIAN'S ALZE ADDREST PHYSICIAN'S ALZE PHYSICIAN'S ALZE ADDREST PHYSICIAN'S ALZE ADDREST PHYSICIAN'S ALZE PHYSICIAN'S

executed within 24 hours after OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within has be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely fill should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages TO HOSPITAL death. Page.

by the funeral!

15M 9/4



CERTIFICATE OF DEATH Rea. Dist. No Poge directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY Howard be filed George MARYLAND Maryland ero b. CITY OR TOWN (If autside corparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? Laurel General Hospital YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) April 19 61 Scott Forances Brown 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 9 AGE (In years campletely. last birthdoy) Months Doys Hours WIDOWED DIVORCED [July 16, 1880 Male White 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marvland puo James 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOVE hou 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Hospital Records 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which paubis gave rise to immediate DUE TO couse (a), stating the underond lying couse last burial-tronsit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY CATION remayal. PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) os the WEDICAL 20c TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work at work p m attended the deceased from 21. I certify that & ____that I last saw the deceased A.M., fram the causes and an the date stated above. alive on. and that death accurred at Ex OR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Drior should ã PHYSICIAN'S NAME (Type) George Street, Laurel Maryland John Harren ince 577 220 BURIAL CREMATION, 22b. DATE THEREO! 22c., NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify), O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. RECYD BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthur S. Krons VS A15 (4) DATED 25 15M 9/55

deoth.

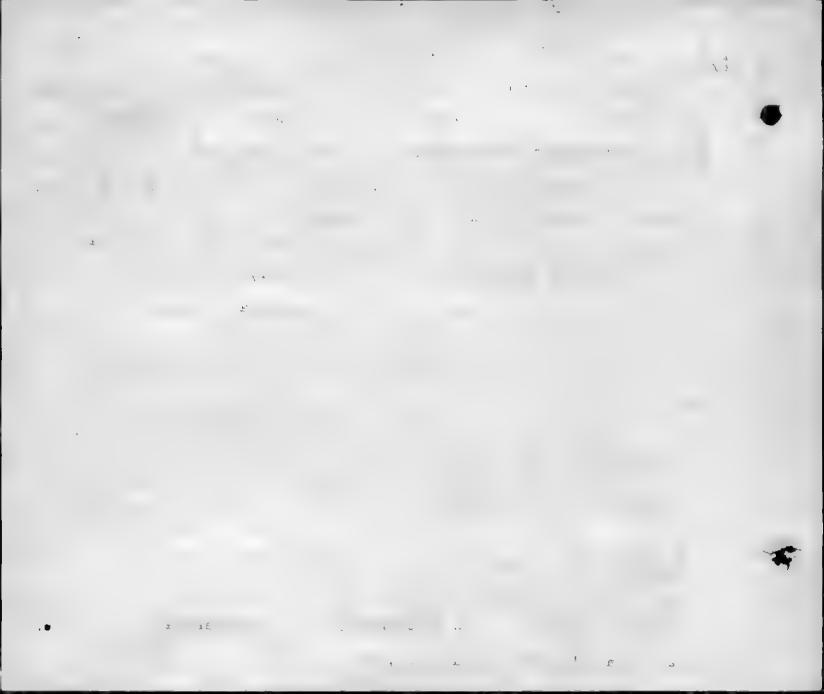
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2 1	MARYLAND STATE	DEPARTMENT OF HEALTH
EOD STATE	Division of STATISTICAL RESEARCH AND RECOR	PS CERTIFICATE OF DEATH
HEALTH DEPT.	1040	02611
	ACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edm ssion) e. STATE b. COUNTY President
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Boar Boar	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
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24 hour Page M3. P pages	ATHERS NAME	14. MOTHER'S MAIDEN NAME
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Cura Berra	B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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EXX also also also also also also also also	21. I certify that I took charge of the remains described above	
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CICAL Scentification of the control		CHIEF MEDICAL EXAMINER
Z Ž Ž Ž Ž	SIGNATURE JAMES DE VILLE	M.D. ASSISTANT MEDICAL EXAMINER
SYSTEM NOTA NOTA NOTA NOTA NOTA NOTA NOTA NOTA	EXAMINER'S TO	DEPUTY MEDICAL EXAMINER
	NAME (Type) JAMCS III) (YC.	Address (Street, c'ty, town, or county)
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5 g 4 5 p	3051AC 17174 C.40	(C) CNAPEL HILL, M.D.
VS. AISME	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REG STRAR ZAL. REGISTRAR'S & GNATURE
5M 7/59	JOHN T. RhiNES CO. 31	0(1/2 St DATE MAY 3 '61
		ME. ENGSLINGTON DIC



AND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution, Rasidence before edm ssion) PLACE OF DEATH a. COUNTY 5. COUNTY y the transfer and 2 sth. Prince Georges County
b. CITY OR TOWN (if outside corporate I muts, MARYLAND Maryland Prince Georges c. LENGTH OF STAY N 16 writa RURAL and giva neerest town) d. STREET ADDRESS days Cheverly a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in 1 sp.ta., give street address ON A FARM? YES NO Prince Georges General Hospital 3. NAME OF DECEASED DEATH [Type or print] Elizabeth Buchanan AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) and WIDOWED I nding physician a 10e. USJAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working ife, even if retired) England Own Home Scotland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Roderick McDonald Marv afteno 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesafservice) Same as # 2 Mr. John Buchanan none INTERVAL BETWEEK 18. CAUSE OF DEATH Enter on y one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Edeno Car. 16 the DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part I of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. el work at work 19 (0, to ... 4-30- 19 19 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from . 1 19 .4..., and that death occurred at BP.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED STAFF ATTENDING DIRECTOR PHYS. 22d ADDRESS PHYSIC: AN'S NAME (Type) 23c. NAME OF CEMETERY OR CEMEX DORY (Stele) 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Burial (Specify) Md_{\bullet} Ft. Lincoln Cemetery Colmar Manor, OH 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Kiners VR A15 (4) ¹61 DATE MAY 4 Hyattsville, Md. 15M 9/60 Francis Gasch's Sons



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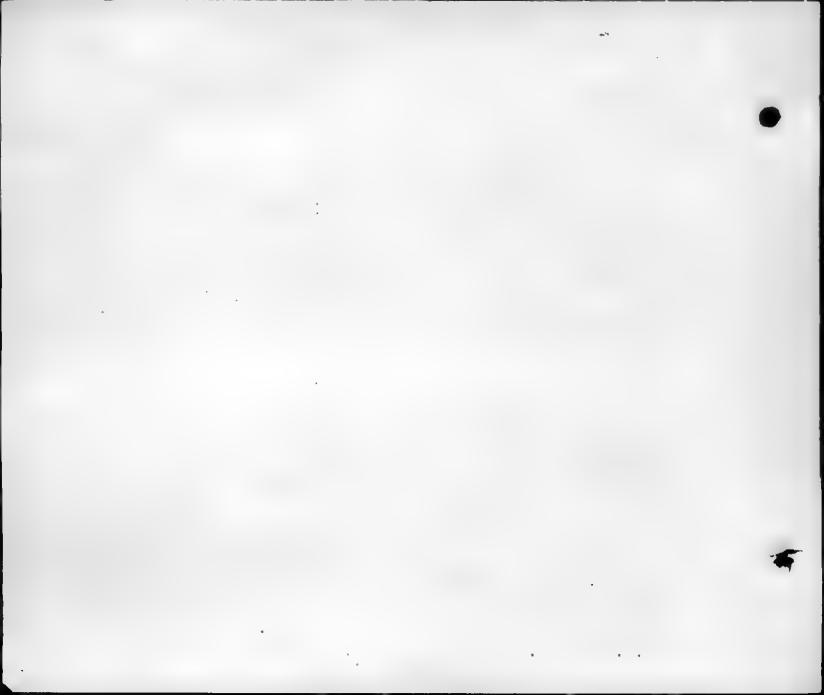
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1 PLACE OF DEATH 0. COUNTY 0. STATE 1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE	admission)
o. STATE Mary land b. COUNTY Prince	Jenges "
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (Goutside corporate limits, write RURAL and give nearest lown)	est town
Riverdale 7 College Vank	
	IS RESIDENCE ON A FARM?
	YES NO NO
3. NAME OF First Middle Lost 4. DATE Month Day DECEASED	L'est
(Type or print) Teresa Candamil DEATH April 8	1961
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Days	
Female WIDOWED □ DIVORCED □ Oct. 14 1908 52 yrs Months Days	Hours Min
during most of working life even if raticall	VHAT COUNTRY?
Housewife Spain U.S.	A.
13. FATHER'S NAME	
Eusebio Perez Segunda Rodriguez	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes. give wer or dotte. of service) 15 t AVe.	nne
I NO PERMITS IN I TO PERMITS IN THE PERMITS IN TH	Mary land
IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	YAL BETWEEN T AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I AND DEATH
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Conditions, if ony, which) (b) Applestants	344
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lying couse lost. (c) to determine the street of the care of the c	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(0) 19	WAS AUTOPSY PERFORMED?
CAT	YES NO
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN WAP PART 1(0) 19 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Ulifer ITHER, NOTIFY MEDICAL EXAMINER)	-
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. While Not white of work of	(Stote)
Hour o. m. While Not white foctory street office bidg. etc.)	
21. I certify that (1) (this haspital) attended the deceased fram 12 color to 20 to 19 color	t (I) (w/E) last
saw the deceased alive an 4/8, 196/, and that/death accurred at 5M, from the causes and on the date s	4.1 4 -1
220 S GNAT/38/)	22b DATE
M.D. PHYS DIRECTOR PHYS.	4-876 /
22c. PHYSICIAN'S W. L. FTIFNUE 22d. ADDRESS Acted Pork. M	
NAME (Type) W, L, E/IENNE COCOLY ONY, M	9
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
Burial 4/12/1961 Arlington National Cem Arlington Virgin	nia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE	
The S.H. Hines Co2901 14 th St. IN W. DATE LPR 11'61 Cirling & King	r.d.

eral director, be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 hours after death. Page 4 may be retaine. The haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifted State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OF VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) PLACE OF DEATH a. COUNTY ber, Page ir files, if Health, Prince George's Maryland Prince Georges
c. CITY OR TOWN iff outside corporate I mits, write RURAL and give nearest fown Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate fim ts, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) , 0 Cheverly Dead on arrival Upper Marlboro may be retained for re 2 with the State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) IS RESIDENCE ir death. If eny delay end 3 to the funeral ON A FARM? Prince George's General Hospital None YES NOT 4. DATE 3. NAME OF Month DECERSED DEATH (Type or print) 61 Lewellyn Carroll Jemes should be executed within 24 hours after death ig" in pencil in Item 18. Give Pages 1,2, and 3 it ig. Office along with form PM3. Page 5 may b a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with 9. AGE (In years | IF JNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BRTH fest birthday) | Months | Days January 12. WIDOWED TH DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY! 11 BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) State Roads of Md. Knottingham, Maryland USA. Farmer -Laborer Ret. 13. FATHER'S NAME Jane Crawford Benjamin Carroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no. or unkown) (If yas give we ror datas of service) Yes, Unknown Mrs. Sadie V. Burnett. Washington, D. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular Renal Disease (b) Chief Medical Examiner's age 3 should be used as a DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS A JTOPSY PERFORMED? cremati NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert I of Idem 18) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month Day, Yeer 20c. TIME OF INJURY (Stete) ease execute Ma certificate, writing should be forwarded to the Chit FUNERAL DIRECTOR: Page fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy I, Inspection X. Inquiry 😿, and in my opinion designated agent, death resulted from. Natural causes Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER James I. Boyd, M.D. NAME (T. De) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BUTTAT (Spacify) Gibbons Church Brandywine, 4-29-61 Md. 40 6 0 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** Rollins 4339 VS. A15ME Hunt Pl., N.E. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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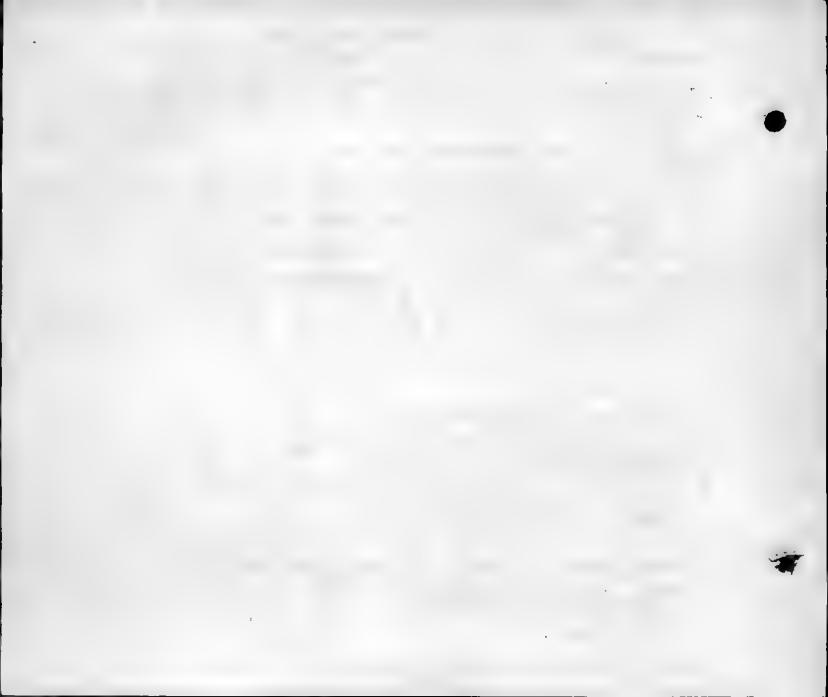
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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
60	_	CERTIFICATE OF DEATH Reg. Dist. No. () 4 C 1 >
(IVI		LACE OF DEATH COUNTY RIVER COUNTY
		RURAL and give nearest town) Chinton Chinton MAIVAANA I. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM?
X	Э.	157- HORSEShoe DR, ST-NORSESHOE DL YES NO A- NAME OF First Middle Lort OF Month Day Year NECEASED
	5. !	Type or print) V A C A E DEATH DEATH 19 6 EX 6. COLOR OR RACE 7. MARRIED NEVER MARRED 8. DATE OF BIRTH 9. AGE (In feors IF UNDER 1 YEAR IF UNDER 24 HRS.
		USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. INTRIPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		Havenila Damestia Jeras Descrita
T	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAKNOWN
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (II) yes, give wor or dates of service) Some as ## >
	F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: (C) C C C C C C C C C C C C C C C C C C
		DUE TO
		Conditions, if any, which (b) CBTB bral 2rteriosclerosis untround
	z	Couse (a), stoting the under Due 10 Iying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CATION	PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING Obb. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not white at wark at
	_	21. I certify that 1 attended the deceased from April 1960, to April 17 , 1961, that 1 last saw the deceased
1		alive on
1		SIGNATURE CHANNE PROBLEM MO SLIG Middleton Lane 170-11718
		PHYSICIAN'S DAUG N. KOBB. Washington 22D.C.
	L	BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. tawn, or county) (State) Person Cemetery Larrial Charles
	23.	FUNERAL DIRECTOR'S SIGNATURE 1661 good Hope Poly 19 61 Chiling S. Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admissis 1. PLACE OF DEATH a. COUNTY **K. COUNTY** Prince Georges <u>Prince Georges</u> MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (floutside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) 28 % Seat Pleasant Washington STREET ADDRESS . IS RESIDENCE ON A FARM? YES NOTY Georges General Hospital 3. NAME OF Avenue DATE DECEASED (Type or print) DEATH Hilbourne Chapman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH AGE (In Yaars | IF JNDER I YEAR lest birthdey) Months Days WIDOWED | DIVORCED Jan 1916 USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Statistician British Embassy London, England England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Mason Theodore Charman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (If yes give weror detes of service) Ella A. Chapman, 510--65th Ave., Wash. 27, D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (b) gave rise to Immadiate cause DUE TO (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH-20h. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iram 18.) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stota) factory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that (i) (this hospital) attended the deceased from L.Y., 195.7 to Coffee L. b., 194.1, that (I) (we) last 22e SIGNATURE SIGNED PHYS. PHYS. /61 Central Ave. 22d. ADDRESS 22c. PHYSICIAN'S Capitol Hghts. Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Colmar Manor, Pr.Geo.Co., Md. å fo å Fort Lincoln Crematory Cremation ADDRESS Wash DC . 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAY 1 15M 9/60 arthur & House

RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dileth: "age 4... uneral director, ld be filed with may be retaing—by the haspital or attending physician. TO FUNERAL DI CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registror pr. It to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4629

CERTIFICATE OF DEATH

04617 Reg. Dist. No.

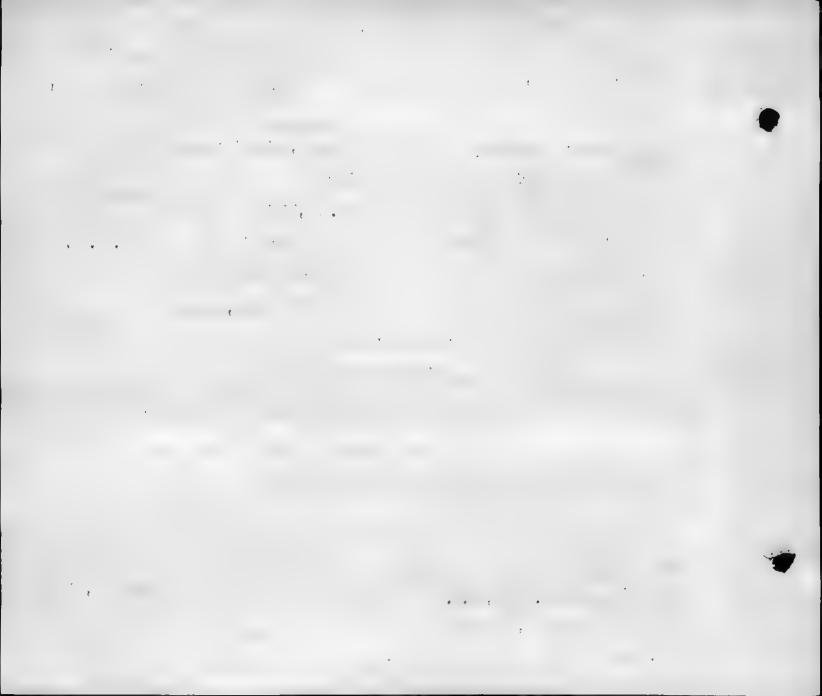
	PLACE OF DEATH	Prince	Geor	ges	MARY	- 11	- ETATE	Maryla		lived. If instit b. COUN	ulion: Reside IY Pri n			
	RUBAL ord give Hyattav	(If outside co	rporote limi	ts, write	c. LENGTH OF STAY 5 yea			TOWN (If o		ota limits, write	RURAL and	give near	rest fown	1)
	d. NAME OF HOSE 5706	30th A	hospitol, g	ive street	oddress)		5706	ADDRESS 30th A	ve.		1	•	ON A	IDENCE FARM? NO (A)
	NAME OF DECEASED (Type or print)	Rufus	Fir	st	Samuel Middle		Chri		4. DATE OF DEATH	Apr	lonth	24		1961
S. 5	Male Male	6. color	or race	7. MARI WIDOW	RIED MEVER MARRII ED DIVORCE	_ ,	tune 8			9. AGE (In year lost birthday 55 y	IF UNDE	Days	Hours	R 24 HRS. Min
10a	during most of we Sheet me	ION (Give king life, evi tal wo	nd of work enuf retired TKOT	done 10b.	Sheet meta		-	LACE (Stote o		untry)		TIZEN OI	WHAT	COUNTRY?
13.	FATHER'S NAME					1	4. MOTHER'S	MAIDEN N						
	Charleto	n Chr	isty				.B.	lanche	ν	NKNOU	714		-	
15. (Ye	WAS DECEASED EN	VER IN U. S. /		1	SOCIAL SECURITY NO		emant trude	Viola	Chris		6.30t			•
MEDICAL CERTIFICATION	PART I. Di Conditions, if gove rise Io couse (a), statin lying couse los PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIE Hour a, m p. m	eath Was CrimmeDiat ony, which immediate g the under- t- t- THER SIGNIFI VAS UNDERLY WAS UNDERLY MEDICAL E URY Month, that I utte	LUSED 8Y- E CAUSE (or DUE TO (b) DUE TO (c) CANT CON TING () OF DEATH XAMINER) Doy, Ye 19 Inded the	DITIONS (20b. DES	TONYRIBUTING TO DESCRIBE HOW INJURY OCCURRED NOT work ed from June ed from June	erosci ATH BUT NO CCURRED (I	T RELATED TO	O THE TERMINATION OF INJURY IN PROPERTY IN THE	20f (City) 1 20 M, from	II of ilem 18.) or town)	1, that 1 and on in, stole)	ONSI (County)	yes we the	AUTOPSY RMED? NO 13
	PHYSICIAN'S NAME (Type)	No rman	H. R	ubene	tein, M.D.		Tak	oma_Pa	rk. Mo	L				
220 /	BURIAL, CREMAT REMOVAL (Specif		ATE THEREC		FORT LIN	ETERY OR CI	REMATORY	۸,	BLAD	ION (City, town) ENS 13	OR G		(Stale	e)
23.	FUNERAL DIRECTO	econt		Ga. 1	ADDRESS Liverday	le, di	rd.	24g. REC'E APP DATE	BY REGISTI	24b. RE	GISTRAR'S &	GNATUR	Ē	



W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY cessary, or, Page ir files. Health, a. STATE b. COUNTY Prince George's MARYLAND CITY OR TOWN TO Land corporate limits, write Rukariand George & b. CITY OR TOWN (foutside corporate limits, c. LENGTH OF STAY IN 15 5 6 write RURAL and give negrest town) Riverdale Greenbelt ed. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE e Pages 1, 2, and 3 to the funeral PM3. Page 5 may be retained for pages 1 and 2 with the State Boa within 72 hours after death. ON A FARM? Leland Memorial Hospital T. Hillside Road YES NO X DATE DECEASED OF 1961 (Type or print) Revnolds DEATH Clark mril 6. COLOR OR RACE 7. MARRIED TO MEYER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Male WIDOWED [DIVORCED in pencil in Item 18. Give Pages 1, 2, at softice along with form PM3. Page 5 rt a burial-transit permit, File pages 1 and 2 emoval, and in any event. 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) West Virginia U. S. A. Hacking Cab Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grant Clark Lenore Mac Donald 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (Ifves giva wer or dates of service) Mrs Dorothy Clark. No same as # 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease geva rise to Immadiata cause 63 Medical Examiner's DUE TO (a), stating the underlying cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 CERTIFICAMON PERFORMED? te it's certificate, writing the word forwarded to the Chief Medical E.

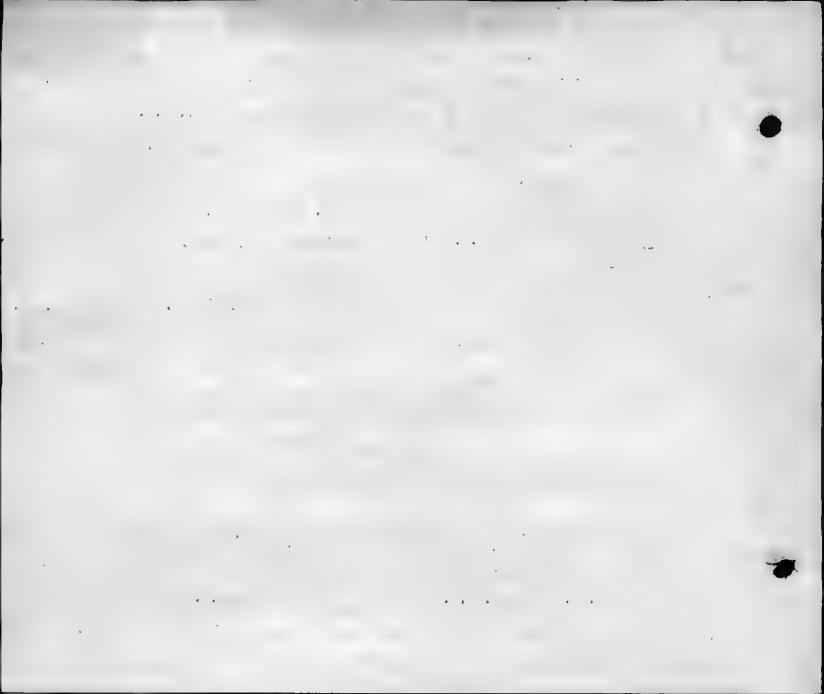
1. DIRECTOR: Page 3 should be NO XX 206. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part 1 or Pert II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work prior ease execute in a certificate, should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry T and in my opinion designated agent, death resulted from: Natural causes 🛣 Suicide . Homicide | Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER BIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd, M.D. Address (Street, city, town, or county) 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) 22a. BURIAL, CREMATION, Burial (Specify) 1961 Q40 P 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME F. Gasch's Sons Hvattsville Md. arthur S. Kraas DATE APR 2 6 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



	MARY	LAND	STATE	DEPA	RTME	NT OF	HEALTH	i
A 1	DECEA	DOLL A	ND DECO	nhe se	34 344 25	DECTAN	CENTER P	

	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE I, MARYLAND
Л	CERTIFICATI	OF DEATH
И	1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
	Prince Georges MARYLAND	a. STATE Maryland b. COUNTYPrince Georges
	b. CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town)
	Cheverly 12 hrs	(Parklandashington, 28, D.C.
1	d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
8	PrinceGeorges General Hospital	221 Maryland Ave. VES NO X
	3. NAME OF Frst Middle DECEASED	Last 4 DATE Month Day Yeer
		Clawson DEATH 17 April 1961 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED B	DATE OF BIRTH 9. AGE (I. s IF UNDER 1 YEAR IF UNDER 24 HRS.
		4 Sept. 1878 62 Months Deys Hours Min.
	done during most of working life, even it retired)	Y 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Guard Retired U.S.Gov't	Indiana County, Penna. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Samuel Clawson	Sarah Pitt
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyes give were relates of service)	
	No None None La	ura Ruth Hoofring, 221 Md. Ave. Parkland, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (8) Mrangulallo	Luma gangrenous band Adays
	DUE TO	
	Conditions, if any, which gave rise to immediate cause	
	(a), stating the underlying DUE TO	
	ceuse lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SOT RE	PERFORMED?
	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Part I or Pert II of Item 18.)
	PART IF OTHER SIGNIF.CANT COND TIONS CONTRIBUTING TO DEATH BUT NO 20%. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH ITE FITTERS, NOTIFY MEDICAL, EXAMINER!	, terror rotate of find y for task for the street for
		CE OF INJURY (Home, form, ' 20f. (City or town) (County) (State)
	Hour a.m. While Not While fact	ory, street, office bldg., etc.)
		# -16 10 (we) las
		death occured a2, 30AN from the causes and on the date stated above
	22a SIGNATURE	22b. DATE
	Nonelful Misshill nos! M	ATTENDING MED. STAFF DIRECTOR PHYS. 7
	22c. PHYSICIAN S NAME (Type)	22d. ADDRESS
	Dr. D. Mitchell. M.D.=	Washington D.C.
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	Burial 4/19/1961 Spring Church	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	MMCHAMBERS CO 317 118T. 30	DATE DR 24 161 Orling & Known



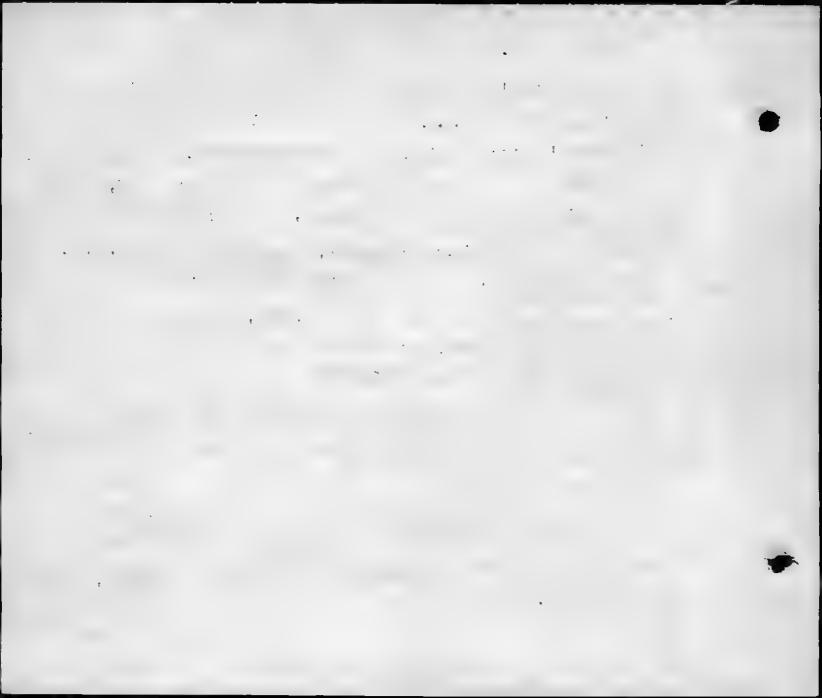
AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RES 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4632 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Prince George Maryland Prince_George MARYLAND b. CITY OR TOWN (if outside corporete I mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Cheverly Bowie d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give streat address ON A FARM? Prince George General Hospital YES NO X 11th St. 102 completely 3. NAME OF Last 4. DATE Middle DECEASED OF DEATH (Type or print) Carlton Coburn . AGE (In years IF UNDER 1 YEAR ! IF UNDER 24 HRS. 6. COLOR OR RACE T. MARRIED TI NEVER MARRIED TO B. DATE OF BRTH 5. SEX last birthday) Months DIVORCED | January WIDOWED [1 12. CITIZEN OF WHAT COUNTRY? physician 10e. USJA: OCCUPATION IG ve kind of work 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & Stat., or fore gin country) done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please 7 e aftending p John R. Coburn Edna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16 SOCIAL SECURITY NO. 17., INFORMANT (Yas, no, or unkown) | (Ifyes give war or delas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Waterhouse-Freidrickson Syndrome hours (b) Meningococcemia (Neisseria intracellularis) hours Conditions, if any, which geve rise to Immediate cause **DUE TO** (a), stetling the underlying cause lest. the PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY After this certificate tacled for use as the PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of narry in Part I or Pert II of Item 18) 208 ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (Steta) 20f. (City or town) (County) 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work RECTOR: 21. I certify that (I) (this hospital) attended the deceased from ...April .22..., 1961, to April22..., 19.61 that (I) (we) last saw the deceased alive on... Appril ... 22 . 19 61., and that death occured ali.O. ... 145 from the causes and on the date stated above. STAFF SIGNED ATTENDING MED DIRECTOR Dr. John W Perkins, M.D. Hyattsville, Md. 23c. NAME OF CEMETERY OF CHAMATOR (State) 23a. BURIAL. CREMATION, 23b DATE THEREOF 23d. LOCATION (City, fown or county) OH 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orling S. Three 15M 9/60



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) a. COUNTY Page 5. COUNTY Maryland Prince George's Anne Arundel MARYLAND b. CITY OR TOWN (I outside corporeta I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street eddress) Cheverly Annapolis Boar d STREET ADDRESS a. IS RESIDENCE õ ON A FARM? 3 to the funeral be retained th the State B Prince George's General YES NO Archwood Avenue NAME OF 4. DATE DECEASED OF (Type or print) DEATH **Lhomas** Cole Apri] with 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED AGE (In years | IF UNDER I YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2 wif Page 5 m. 1 and 2 w. last birthdey) Months Hours Male WIDOWED DIVORCED January 4. 1906 yrs. 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired? General Foreman pages 1 Baltimore Gas and U. S. A Elec Maryland 13. FATHER'S NAME Thomas J. mes Cole Sr. F11.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 記 Ellen Josephine Ouinn "pending" in pencil in Item 18. Giv certificate should be executed within (Yes, no, or unkown) | (Ifyes give war or detes of service) permit. AHY. Margaret W. Cole. same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit p Examiner's Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion removal, DUE TO burial Coronary artery disease Conditions, if any, which (6) gave rise to immediate causa 60 DUE TO (a), stating the underlying 8 pesn ion, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati 8 the word NO 33 Medical should 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. verded to the Chief A 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (County) 五 (State) factory, street, office bldg., etc.) While Not While 0 Hour n.m. at work al work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 1961 DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER** NAME (Type) ames I. Boyd Address (Streat, city, town, or county) 22a, BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d/TOCATION (City, town, or country (State) REMOVAL (Specify) O 40 REC'D BY REGISTRAR'S SIGNATURE A15ME arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/80

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4634

04620

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed I'vad, If institution: Rasidance before admission)
Prince Georges MARYLAND	•. STATE Laryland Prince Georges_
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. City OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL and give nearest town) Cheverly 41 days	- Maryland Park_
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)	d. STREET ADDRESS
	106 65th Street YES NOTE
Prince Georges General Hospital	Last 4. DATE Month Dey Year
DECEASED	OF
o anes D	Comer Spril 30. 17 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In yeers IF UNDER 1 TEAR IF UNDER 24 HRS. lest birthday) Months I Deys Hours I Min.
Male White WIDOWED DIVORCED	23 Dec. 1893 67 yrs.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI done during most of working life, even if refred)	RY 11 BIRTHPLACE (County & Stet., or foreign country) 12. CITIZEN OF WHAT COUNTRY
Printing pressman US Government	New Jersey U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Comer	Elizabeth A. Raferty
IE WAS DESCRISED EVER IN THE ARMED EDUCATE THE CONTRACT OF THE PROPERTY OF THE	
[Yes, no, or unknyn] ([fyesg vewaror detesofservice)] Yes W W 1 10. SOCIAL SECURITY NO. 17. 10. SOCIAL SECURITY NO. 17.	sther M Comer Maryland Park, Md.
The development is	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, HEDATIC OU	REMIC COMA (EFAILURE) ONSET AND DEATH
IMMEDIATE CAUSE (a)_	day
DUE TO ACUTE 1 116	ER-ATROPHY
gave rise to immediate ceuse (a), stelling the underlying DUE TO CHOLANGIT	P
ceuse lest.	
PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>	YES NO -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF FITHER, NOTIFY MEDICAL EXAMINER)	2. (Enter nature of injury in Pert I or Part II of Itam 18.)
OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL/	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele)
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PL/ Hour a.m. While et work et work et work	tory, sheat, office bldg., etc.)
	2-20 461. 4-25 461. (0)
21. I certify that (I) (this hospital) attended the deceased from.	3-20 , 196 /, to 4-30 , 196 /, that (I) (we) last
	t death occured al M, from the causes and on the date stated above
220, SIGHTATURE 74 1 10 20 1 1- 672 P	ATTENDING MED. STAFF A.D. PHYS. DRECTOR PHYS. 4-30-6
max m. Treoned	A.D. PHYS. A DRECTOR PHYS. A 4-30-6
22c. PHYSIC.AN'S NAME (Type) Dr. Max M Herzberg . M.D.	22d. ADDRESS /Olo Greigg Street
NAME (Type) Dr. Max M Herzberg ., M.D.	Seat Fleasent., Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	The state of the s
Burial (Specify) May 3, 1961 Arlington Na	Arlington Virginia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATES 3 '61 Circles & Hame
The state of the s	CANADA TOTAL



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edm ssion) a. COUNTY Prince Georges a. STATE **b.** COUNTY MARYLAND Marry Bard b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN IN c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 2% Days 13 Duvall Street d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, g va straet eddrass) STREET ADDRESS Md Suitland Prince Georges General 3. NAME OF DATE Month M ddla Last DECEASED OF H. Harry Cooper DEATH April (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARR ED B. DATE OF BIRTH 9. AGE 'In yaors IF UNDER 1 YEAR | IF UNDER 24 HRS. laster rthday) Months Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ACE (County & State, or foreign country) 1 12. C TIZEN OF WHAT COUNTRY? ó done during most of working life, even if retirad) Construction South Carolina Brick Contractor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Armintia Saunders William N. Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17 INFORMANT Address (Yas, no, or unkown) (Ifyesgivawarordalesofsarvica) Eonnie M. Cooper 13 Duvall St. Suitland Md 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (6) gava risa to immadiata causa DUE TO (a), stating the underlying cousa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY 20b. DESCR BE HOW IN. URY OCCURED. (Enter nature of in ury in Part t or Part II of item 18.) 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, PLACE OF INJURY (Homa, ferm, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., atc.] While Not While at work at work 3 19.6/, that (1) (+++) last 1960, to april 21. I certify that (I) (this hospital) attended the deceased from Suppl ...19.6/., and that death occurred at 9:50 Pirom the causes and on the date stated above. saw the deceased alive on. ATTENDING STAFF ALFD. 4 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSIC AN S 22d. ADDRESS Harry Carlton NAME (Type) 940 25th St., N. W. Wash. DC Apr 23e, BURIAL, CREMATION, | 23b, DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Suitland, Maryland Washington Nat'l 6. 1961 Buri 3]

men Jako 1661 Stood Hor

Prince George

Day

Days Hours

USA

e. IS RESIDENCE ON A FARM?

61

YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(Stota)

22b. DATE

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SIGNED

death. Page 4.
TO FUNERAL
director, page 3 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

funeral

and cor

attending plea

the

á.

signed

has

After this

defached

hospital or

R ATTEND
y be retaine
RECTOR:

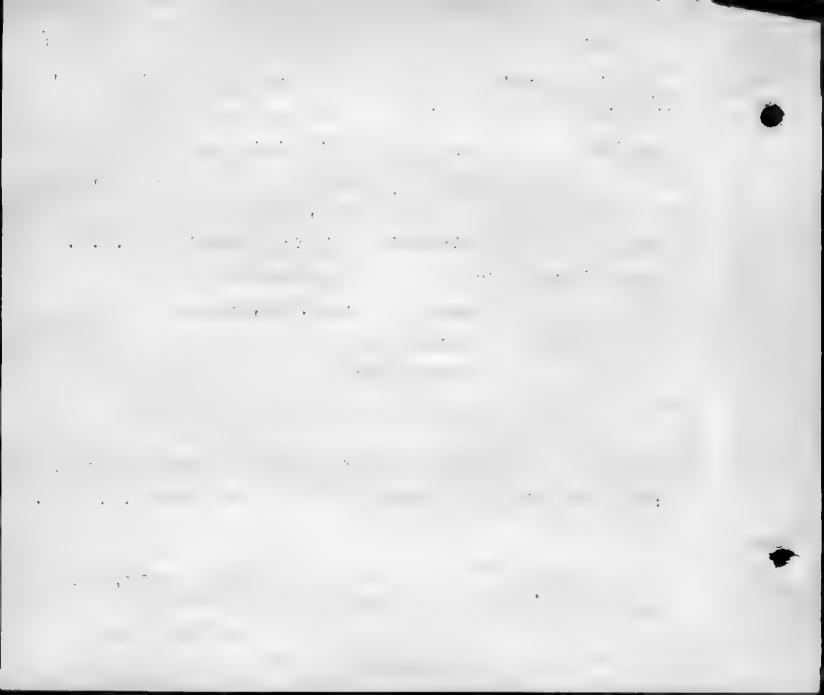
death certificate physician



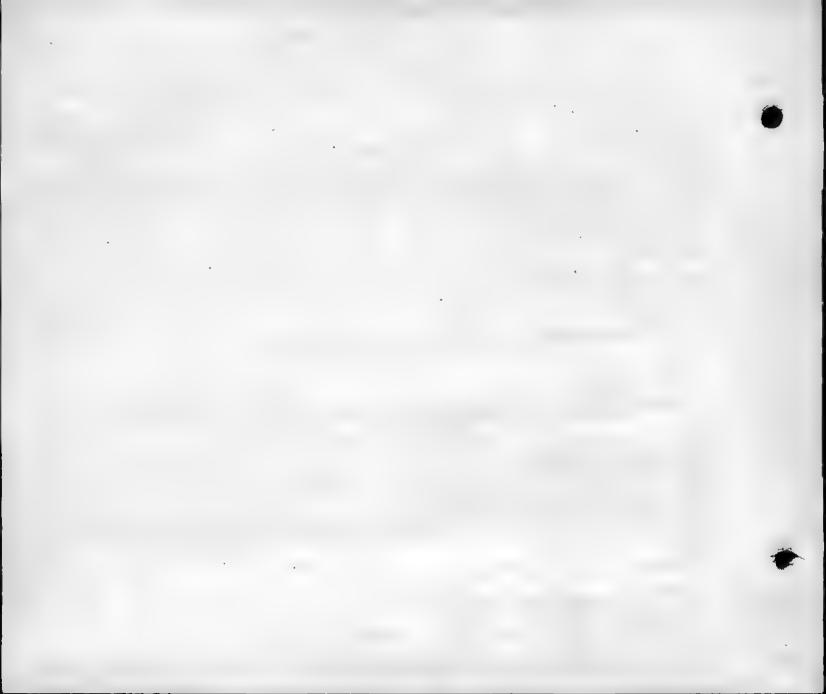
MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) Prince George's e. COUNTY Prince George's Health, ocessary, files. MARYLAND b. C TY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest fown) Years Lanhan Lanham e. IS RES DENCE Boar d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Ö unid be executed within 24 hours after death. If any delay in pencil in Item 18, Give Pages 1, 2, and 3 to the funerel Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo toyel, and in any event—within 72 hours effer death. ON A FARM? YES NO Lanham Station Road Lanham Station Road 4. DATE 3. NAME OF Midd e Year DECEASED OF DEATH (Type or print) Corridon 19 61 Elizabeth Cunningham 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX last birthdey) Months WIDOWED | DIVORCED [September 22, 1879 yrs. 10e. USUA, OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk Retired Maryland Office along with form PM3. burial-transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 John Carey Cunningham Mary Bantley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. INFORMANT 3601 Rittenfibrise Street (Yes, no, or unkown) (Ifyesgavewer or detes of service any Washington . D.C 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, gave rise to immediate cause "pending" 40 Examiner's DUE TO (e), stating the underlying 10 P nsed cremetion, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 b certificate, writing the word NO F Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of tem 18.) PRIMARY | or CONTRIBUTING | CAL EXAMINER: CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 buri , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stefe) Not While fectory, street, office bldg., etc.) While 2 et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [Inquiry [2] and in my opinion agent, death resulted from: Natural causes 12 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ease execute in ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREO 22d. LOCATION (City, lown, or country 22a. BURIAL, CREMATION, REMOVAL (Specify) 6 0 40 ₽. 24 REC'D BY REGISTRAR 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 APR 25 '61

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if institution, Rasidanca before admiss on) a. COUNTY Frince George's Prince 'George's MARYLAND b. CITY 08 TO Why (4 o 39 description of limits, write NOR). Bad give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Transient 1, 2, and 3 to the funeral c ege 5 may be retained for 7 1 and 2 with the State Board 72 hours after death. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Birch Field 9723 Wichita Avenue YES NO TO 3. NAME OF 4. DATE Month DECEASED OF DEATH (Typa or print) Robert Charles Cote 1961 6. COLOR OR RACE 7. MARRIED THEYER MARRIED TO B. DATE OF BIRTH 19. AGE (In yours HF JNDER 1 YEAR! IF UNDER 24 HRS. last birthday) | Months | Days WIDOWED [DIVORCED [1Ds. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Star Page done during most of working life, even if retired) District of Columbia Public School Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gerard Wilfred Hazel Byers FIG 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknwn) / (If yes give wer or detas of servica) Gerard W. Cote. Office along with burial-transit perm None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (e) **DUE TO** Hanging by neck Conditions, if eny, which gave rise to immadiate cause 10 DUE TO (a), stating the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 811 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL MIRECTAM Page 3 should be YES 🗌 NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of Itam 18.) caught 200 EXTERNAL CAUSE WAS and got PRIMARY OF CONTRIBUTING Was in a tree and tried to let himself down with a rope 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Wooded area College Park Md. al work et work X 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Accident X Undetermined manner death resulted from: Natural causes Suicide . Homicide | CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 3, 1961 DEPUTY MEDICAL EXAMINER & EXAMINER'S. James I. Boyd NAME (Type) Address (Street, city, town, or county) 22a. BURIAL CREMATION DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FLNERAL D RECTOR VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL pad give neorest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HCE GEORGE YES NO NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 106 5. SEX 7. MARRIED NEVER-MARRIED 8. DATE OF BIRTH 9. AGE (la years last brithday) IF UNDER I YEAR IF UNDER 24 HRS Months FEMIALE WIDOWED I DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE 6-141F 13. FATHER'S NAME RBER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 12. INFORMAN CURTIN R.F.D. Box 2374 18. CAUSE OF DEATH [Enter only one cause per line for [d], (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse tost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. WAS AUTOPS'S PERFORMED? YES 🔲 NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. ft. While Not white of work of work p. m. 21. I certify that I attended the deceased from Chil 19/1/Lithat I last saw the deceased and that death accurred at 1100 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate ROMOVAL (Specify) RLINGTON A TICHTL Liria 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Huma



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6620 **CERTIFICATE OF DEATH**

										Reg. Dist.	No. L	hzi.
	PLACE OF DEATH					2. USUAL RESI	DENCE (When	re deceased lives				
L	Pr	ince Georges	Cou	inty MAR	YLAND	O SIAIL	Maryla	nd	b. COUNTY	Princ	e Geo:	rges
4	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, earest town)	write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If out	tside corporate li	mits, write RU	RAL and give	negresi lo	wn)
L	Lanham	· ·		36 Year	CS.		Lenhan	1		3,		
	d NAME OF HOSPI OR INSTITUTION	TAL (If not an hospital, give	streel o	delenas I		d. STREET A	DDRESS				e. IS RI	ESIDENCE A FARM?
	6117 F	rincess Gard	ien I	Parkway		6117 F	rinces	s Garde	n Park	vay	YES	□ NO 🖺
	NAME OF DECEASED	First	_	Middl	0/	io	d ·	4. DATE OF	Month	1	Day	Yeor
L	(Type or print)	Wall	er	Za.	mu	nd X	onn	DEATH	ap	ne	11	196/
5	SEX A n	1 . 47 . 1		ED NEVER MARI		8 DATE OF BIRT		los		Months De	EAR IF UN	
_	Mare		VIDOWE			October						
1100	during most of wor	ON (Give kind of work do king life, even if relired)			OR INDUS		· ·	*)			AT COUNTRY?
	PAINI	ER	120	TE EWATA	YED		ngton,			U.	S.A.	
/ <u>1</u> 13.	FATHER'S NAME	·				14, MOTHER'S						
-	Frank Do		00 324 -		- I		rine M	onahan				
15. (%	in the or unknown	FR IN U. S. ARMED FORCE 웹 개막, 무건 바닷 또 함께 이 1077		SOCIAL SECURITY N	1	NFORMANT	v.P4	(337 5	Addre		am, M	
	Yes	1918-1919				s.Hilda	Wiser,	9117 P	rinces	s Gard	en Pa	rkway,
		ATH [Enter only one cous	e per line	o for (o), (b), and (c).]	0		. /	-4		INTERVAL I	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Corebral vascular accordent few home											
İ	DUE TO DUE TO											
	Conditions, if a			meest	re	nea	1	arlu	e		19	ear.
	couse (o), stoling		1	4.	/	2. At	0	2 7	di		0	
_	lying couse last.) (c)_	u	neno			_ 70	eny	use	ALC:	1.0	
Į į	PART II. OI	HER SIGNIFICANT CONDI	IIONS C	DIVINGUING TO D	EATH BUT	NOI KELATED TO) THE LEKWIN	AL DISEASE CON	IDITION GIVE	N IN PART I	PERF	OKMED?
5	20- ACCIDENT W	AS UNIDERLYING (7)	N- DESC	PIRE HOW INTRIBY	OCCUPACION N) (Estes estus a	s inium in Re	at Las Part II of	shore 2013		YES	NO I
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING 1 26 CAUSE OF DEATH MEDICAL EXAMINER)	VD. DESC	RIBE HOW INJURY	OCCURRE	J. (Enter nature c	r injery in ro	er i or Fori II or	11 6 m 10.j			
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year		JURY OCCURRED	20e. PL/	ACE OF INJURY (Home, form,	20f. (City or to	wn)	(Cou	inty)	(Stale)
MED	Hour a.m.	19	While of work	Not while	""	ory, sireer, orrect	s orage, etc.,					
	21. I certify th	nat I attended the d	lecease	d from	an	. 196/	. ta	april	196/	that I las	t saw the	e deceased
	alive an	4/10/	196	· . //		occurred at	8 P	M. from the				
		. /		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DDRESS (Street,			ار د	DATE SIGNED
	ACTUAL SIGNATURE	-telle	H.	Lee		WD 77.	326	Runas	rolis,	RAN	anha	m. Ma
				,							***********	
	PHYSICIAN'S NAME (Type)	HEI K.	<u> </u>	ee_		n often tilar salar tilar saar näar dah-	÷					
224	BURIAL, CREMATIC			22c. NAME OF CE	METERY O	R CREMATORY] 2	22d. LOCATION	City, town, or	r county)	(50	ote)
	Burial	April 16/	1961	Arlingto	n Na	tional C	emeter	ar Ar	lington	1. V	ireini	ia.
23.	FUNERAL DIRECTOR			ADDRESS				BY REGISTRAR		TRAR'S SIGN		
	W. W. CH	AMBERS CO.,		Riverdale	, Ma	ryland.	DATE	1 4 '61	arth	w 8 96	saud	

ineral director. may be retained. If the haspital ar attending physician.

TO FUNERAL DIS. (IOR: After this certificate has been signed by the attending physician and campletely filled in by a page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pallers. Pages 1 and 2 the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

M

ITINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OF VS A15 (4) 15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 LEAN CERTIFICATE OF DEATH Reg. Dist. No. () A. C. ? 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Prince Georges b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL ond give negrest town)
Hyattsville Washington, D. C. 1 hr d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS OR INSTITUTION ON A FARM? 2700 30th Street, N. E. 105 Riggs Rd. (Office of Dr.R.B. Ire YES NO NAME OF Middle Frank Thomas Donnelly DEATH April (Type or print) 196] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last-burthdoy) S. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Manths Male White Doys Jan. 6, 1880 WIDOWED | DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
Steward -Dinning Car Railroad London, England 12. CITIZEN OF WHAT COUNTRY? U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Mrs. Nan Donnelly 2700 30th St.N.E. Wash.D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MYOCARDIAL JAFARCTION 1 MitiED **DUE TO** LOROLARY THROMISISIS Conditions, if any, which gove tise to immediate DUE TO couse (o), stoting the under-Arterisseleiosis 10 6Fare lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? Onoestivo YES TO NO TO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour a. gi. While Not while at work 21. I certify that I attended the deceased from NOV 1953, to 1901 196 that I last saw the deceased alive on ____, and that death occurred at______M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

Fort Lincoln

ADDRESS

2525 Bladensburg Rd N.E. DWash

22d. LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

Prince Georges, Maryland

24b. REGISTRAR'S SIGNATURE

(Stole)

3 should !

PHYSICIAN'S NAME (Type)

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

Apr 6, 1961

be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

M

director

neral shauld by 2 filled Pages afte papers. haurs pup aftending please **burial-transit** been certificate

detached FUNERAL DIRECTOR: 3 shauld

Board

23a.	REMOV!	CREMATK U (Specify
24, F	UNERAL	DIRECTO

23h DATE THEREOF

Day,

23c. NAME OF CEMETERY OR CREMATORY Arlington Nation

22d. ADDRESS

1961, to April 25, 1961, that (1) (we) last

<u>al C</u>	emet	Char		<u>AT11</u>	ngton,		irgin	18
	25a. RE	C.D BA	REGIS	TRAR	25b. REGISTRAR'S	SIGN	IATURE	
,	DATE	MAY	1	161	Chillen	8.	Krana	

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND Prince George Prince George b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b RURAL and give neorest town) days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO. Prince George General Bladenshure 4. DATE NAME OF Middle Month Day Year DECEASED DEATH 1961 (Type or print) Edgar Dorsch IF UNDER 1 YEAR IF JINDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED M NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Jost birthday) Months White Days Male DIVORCED [6-15-91 69 WIDOWED [100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. War Dept. US Govit New Jersey Clerk 13. FATHER'S NAME Unknown Unknown S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Cornelia B. Dorsch, 4105 51st St. Bladensburg, Md. Yes None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the under-PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part H of item 18)

20d, INJURY OCCURRED While Nat while of wark of wark

21. I certify that (I) (this haspital) attended the deceased from April 23

20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) factory, street, affice bldg, etc.)

and that death accurred at 7:20, Profit the causes and an the date stated above.

(Stote)

22a. SIGNATURE

4641

MD

ATTENDING MED DIRECTOR

STAFF PHYS

5102 Annapolis Road, Bladensburg,

23d LOCATION (City, town, or county)

(Stote)

'S SIGNATURE

20c TIME OF INJURY

22c. PHYSICIAN'S

NAME (Type)

O. m.

saw the deceased alive an April

ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

l	4642 CERTIFICATI	E OF DEATH	04630
	1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where decresed I ved, if institutions Res e. STATE b. COUNTY	idence before admiss.on
	b. CITY OR TOWN (if outs de corporale limits, c. LENGTH OF STAY IN the write RURAL end give neerest town) Glenn Dale (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address)	c. CITY OR TOWN (if outside corporate l.msts. write RURAL end g Washington d. STREET ADDRESS	e. IS RES DENCE
4	Glenn Dale Hospital Name of Deceased (Type or print) Leander Moddle	Douglas DEATH 4	ON A FARM? YES NO Year 7
	Male Negro widowed M DIVORCED	Virginia US	ys Hours Min. N OF WHAT COUNTRY?
	Mark Douglas 15. Was deceased ever in U.S. Armed Forces? [16. Social Security NO 17 II [Yes, no, or unknown] (Ifyesgivewerordelesofservice) Unknown (Lost) 18. Cause of Death [Enter only one cause per line for (a) (b) and (c).] PART I. Death Was Caused By. IMMEDIATE CAUSE (e) Acute Coronary OCC.	Decedent	INTERVAL BETWEEN ONSET AND DEATH 17 hours
	Conditions, if any, which gave rise to immediate cause (a), slating the underlying DUE TO Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Pulmonary tuberculosis, moderately as tuberculous pieurisy with effusion; 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	dvanced, active (5 months); right generalized arteriosclerosis	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County tory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	7: 117	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY SEMOVAL (Specify) H-11-1961 / farman	OR CREMATORY 23d. LOCATION (City, town or county)	(Stelle)

25a, REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

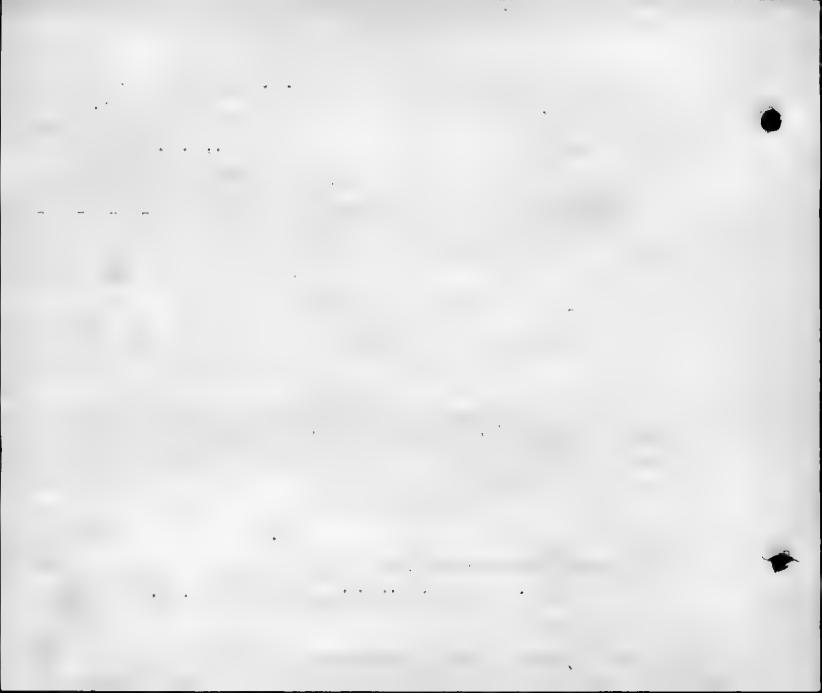
arthur & Kroue

ADDRESS

TO HOSPITAL AR ATTENTING ENYSTEIAN: The law equives that the death certificate be exacuted winns 24 nouns and death. Page 4 by be retained by the hospital or attending physician.

TO FUNERAL WIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be distant to Burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

PUNERAL DIRECTOR'S SIGNATURE



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1643 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. CITY OR TOWN NAME OF DECEASED Middle OF (Typa or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX ASE (In years 7 MARRIED birthday) Months Days WIDOWED 17 DIVORCED 12, CITIZEN OF WHAT COUNTRY? AL OCCUPATION (Give kind of work State, or foreign country) done during most of working life, every iffratired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME (If yas give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for ,a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (a), stating the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO F 208. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stata) factory, streat, office bldg., atc.) While Not While at work at work n.m. 21. I certify that (I) (this hospital) attended the deceased from........... from the causes and on the date stated above. saw the deceased alive on SIGNATURE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22d. ADDRESS NAME (Typa) BURIAL, CALMATIANA, 235.

and

physician Femove

death. Page TO FUNERAL

VR A15 (4) 15M 9/60



death. Page . ÷ a VR A15 (4)

15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

MALVAN & SCHEY. INC.

(State) (County)

a. IS RES DENCE

YES NO

19

INTERVA. BETWEEN ONSET AND DEATH

> PERFORMED? NO F

> > 22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY

ON A FARM?

Shipped to Anderson, S. C.

ADDRES Wash. D. C. 424 "R"St. N. W.

PARPR 21 '61

258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE



04633 **CERTIFICATE OF DEATH**

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director, iled with	/	, A	A

Roge II

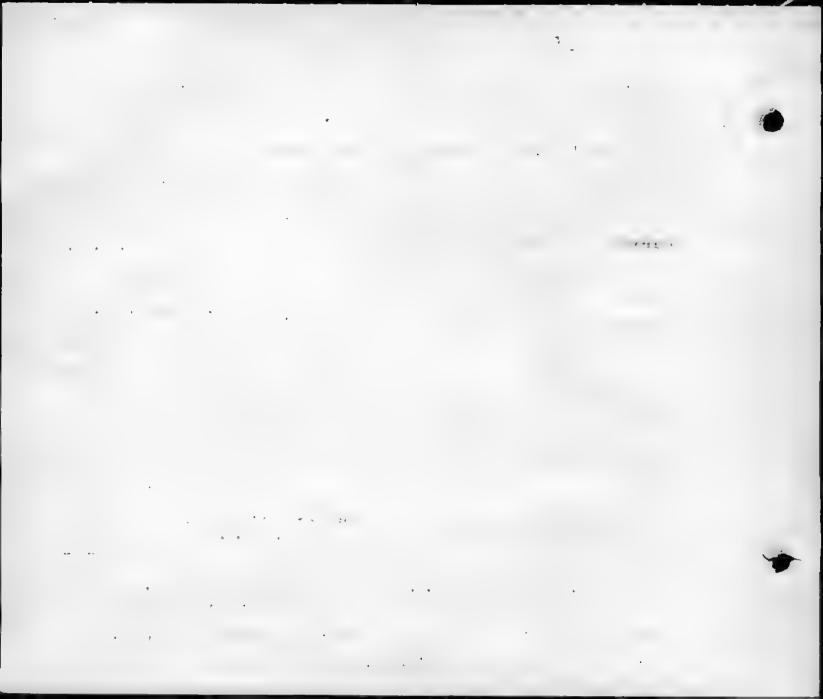
4645

iV r attending physicion.

certificate has been signed by the attending physician and campletely filled in by the certificate has been signed by the action propers. Pages I and 2 should be burial, crematian, ar remaval, and in any event, within 72 hours ofter death.

TO HOSPITAL OR AXTERIBLE BHYSICIAM: The law Impress that the Leath certificate be exeruted within 2" haurs after death

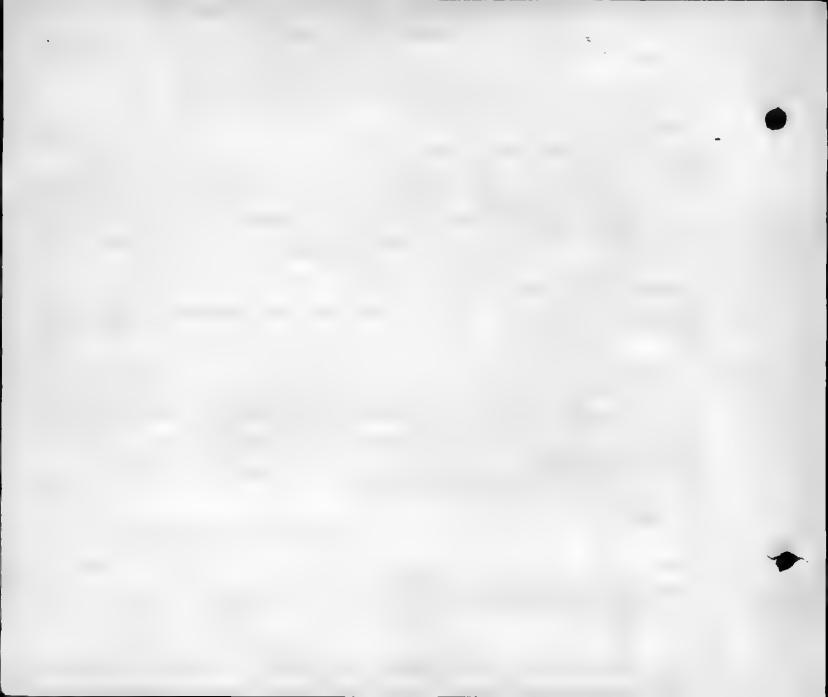
	1. PLACE OF DEATH			MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Description and							ion)	
1	Prince G					Marylan				nce G			
	6 CITY OR TOWN (If RURAL and give nea	rest town)	is, write	c. LENGTH OF STAY IN	115				prote limits, write (LI >	Give near	est town	1)
ŀ	d. NAME OF HOSPITA		24 days		Mt. H	THE RESERVE AND ADDRESS OF THE	:r				/S DES	HDENCE	
ч	OR INSTITUTION	t (ii not in nospilo), g	140 211661 6	our ess)		U. SIREET AL	DKESS				-	ON A	FARM?
4	Prince Geo:			Hospital			Bunke	r Hil) NO 🗍
İ	3. NAME OF DECEASED	Fir	_	Middle Pearl		Lost		4. DATE OF DEATH	Moi		Day		Year
I	(Type or print)		Eva			Fabrit	_	DEATH	AUX		15		1961
1	5 SEX	6. COLOR OR RACE	7 MARR	IED 🙀 NEVER MARRIED		DATE OF BIRTH			9. AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS Min
1	Female	White	WIDOWE	D DIVORCED		January '	27. 1	898	63 yrs				
ſ	10a. USUAL OCCUPATION	N (Give kind of work on glife, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign c	teuntry)	12, CIT	IZEN OF	WHAT	COUNTRY
ı	Retired		partm	ent store	clei	rlá	Ol	iio		П.	S.	Α	
ł	13. FATHER'S NAME					14. MOTHER'S							
ı	Olive	er Underwo	ood					Anı	nie Gibs	on			
١ŀ	IS. WAS DECEASED EVER	INSTITUTE ADMED FOR	CE\$2 14 1	SOCIAL SECTION NO	17 INE	ORMANT			Add	dress			
4		yes, give war or doles of s	ervice)			_	7 1 1						
ı		no_	57	9 28 1131	Eut	gene L	abri	tz I	Mt. Rain	ier,			
		K		e for (a), (b), and (c).	,	1			(11		ONS	RYAL BE EJ AND	DEATH
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	The where the same												
1	gove rise to immediate												
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1	lying couse lost. (c) (c)												
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1													
		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote											
1	Hour o.m.	19	While of worl	Not while		16	156	TAN.					
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	saw the decease	ed alive an Ap	1 1 1 1	147 1477 · and 1	hat de	arn accurred	01/25	M, Kem	rane causes a	na an rr	le dare		
	220 SIGNATURE	1	1.			ATTENDING	M	ED.	STAFF		4-	.TO-(DATE SIGNED
	000	m/ O	M	D. PHYS.		RECTOR _	PHYS [
	22c. PHYSICIAN'S NAME (Type)	Dr. Leon	Levit	tisky M.D.		22d ADDRE	78 Rh	odes]	Island Av	7e.			
						Mt.	Bain	ier, l	40.				
	23a BURIAL, CREMATION			23c NAME OF CEME				23d LOCA	ATION (City, fown,	or county)		(Sto	te)
	REMOVAL (Specify) Burial	April 19,	196	1 Ft Linco	ln (Cemetery	7	Colu	nar Mano	r. Me	L.		
ja.	24, FUNERAL DIRECTOR'S			ADDRESS			250. REC'	D BY REGIS		SISTRAR'S S	IGNATU	RE	
1	F. Gas	ch's Sons	Ну	attsville,	Md.		DATE 4	PR 1 9	'61	Inthur.	o to	4	
			-							NOTE VOISE	<u> </u>	1.0	



7	1 \			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4	3.5			2646 CERTIFICATE OF DEATH Reg. Di	ist. No. 04634
Page	director if ed wit		1. [PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Resider O. STATE MARYLAND COUNTY LONG COUNTY CO	nce before of this ion)
r death.	rid be	M)		c. CITY OR TOWN (If outside corporate limits, write // c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) **Color of town (If outside corporate limits, write RURAL and RURAL) **Color of town (If outside corporate limits, write RURAL) **Color of town (If outside corporate limits) **Color of town (I	give nearest town)
urs ofte	by the d 2 sho			d. NAME OF HOSPITAL/III not of hospital, give street oddress) Prince Georges Heneral Hospital 2/08- Quaeus Chapel	e. IS RESIDENCE ON A FARM? YES NO
n 24 ha	Filled in Jes 1 an	j		NAME OF DECEASED Carl S, Middle Lost OF DEATH 4. DATE OF DEATH 4. DATE OF DEATH	30 196/
ed with	pletely irs. Pag		5 5	nale_ White WIDOWED DIVORCED Clotham Va 55 yrs Months	Days Hours Min.
execute	nd com on pape death.		10° S,	ukervisor, attender Bakery nor-14, 1905	IZEN OF WHAT COUNTRY?
cote be	sicion o re carb rs after	1	13.	Randolph Fores Evelyn Smith	G
ı certifi	ing phy e rema 72 hou			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, Give wor or dates of service) 672092 Nevis 4. Fores 4.	e
ne deoth	ottend on pleos t within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 10 O'Consarver Duran begins	INTERVAL BETWEEN ONSET AND DEATH
quires that th	igned by the permit. The I in any even			Conditions, if ony, which gove rise to immediate couse (a), stating the under DUE TO DUE TO DUE TO DUE TO DUE TO	5 year
law rei hysician	been s I-transit vol, and		FICATION	Lying couse lost. } (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART	PERFORMED?
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PHYSICI of after	his certif use os t emation,		MEDICAL		(County) (State
NDING e hospite	t: After t iched for unial, cre			21. I certify that lattended the deceased from 1956, 19, to Republic, 1966 that I colive on 4/24, 1961, and that death occurred at 2 AM, from the causes and an thi	ast sow the deceased e date stated above
PR /PE	RECTOR be deto rior to b			ACTUAL SIGNATURE	DAYÉ SIGNED
PITAL C	RAL DI should istror p	/		PHYSICIAN'S Hugh Witrey	/ / `
O HOSI	O FUNE poge 3 the reg	,	3	BURIAL CREMATION. 226. DATE THEREOF REMOVAL (Specify) 5/3/6/ Berlab Baptist Cem. Warsaw	Vara (State)
V\$ A1 15M 9		,	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mt. Rhenies 240. REC'D BY REGISTRAR 246. REGISTRAR'S SI ALLEYS Truncial Horne MAY 4 '61 Chilmy	S. Krowa



1 1	4			MARYI	LAND STA	TE DEPAR	TMEN	OF HEALTH	-BALTIMO	ORE, 18			
	(M)			4647	: MB 2 20	CERTIF	CAT	E OF DEATH	1	Re	g. Dist. No	046	ວິລົ
director, filed with		1. [LACE OF DEATH	r George		MARYLA	- 11	USUAL RESIDENCE (WE O. STATE Maryl	_ 6		Pr Ge		
d be fil		t		If outside carporate limit	ts, write c. LEN	IGTH OF STAY IN	1b	c city or town (if a Marlow H	iutside corporate lim				
2 4 4	140	r	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suitland Narrsing Home.				d STREET ADDRESS 6017 - 2	8th Ave		1	e. IS RESII ON A YES	FARM?	
led in b		F 1	NAME OF DECEASED Type or print)	Henry for	nt .	Middle 1	Fı	ame	F	pri ^{Menth} l	st.19	751 . Y	ear 9
etely fille Poges	(I)	5. S		6 COLOR OR RACE White	7 MARRIED N	NEVER MARRIED	_	10-6-81	9. AGI	birthdoy) Mc	JNDER 1 YEAR onths Days		-
completely papers. Po		100	USUAL OCCUPATION	ON (Give kind of wark a	done 10b. KIND C			11. BIRTHPLACE (State		<u> </u>	12. CITIZEN C	OF WHAT	COUNTRY?
and co	offer dear		Retired	king life, even if retired	Cab	ihet Ma		D.C.				U.S.	
ion and carbon	<u> </u>	13.	FATHER'S NAME					I4. MOTHER'S MAIDEN N					
		15		INKNOWN ER IN U. S. ARMED FOR	CESS ILA SOCIAL	SECURITY NO	17. INFC		mown	Address			
g physic remove	within /2 hours		no or unknown)	(It yes, give war or dates of s		SECONIII TITO.			mán Dan			abo	37.0
ending lease r	, ui	H	18. CAUSE OF DE	ATH [Enter only one co	use per line for to	a), (b), and (c),)	M	rs Anna Ma	LIE LLH	<u> </u>	INT	ERVAL BET	WEEN
offer	3			ATH WAS CAUSED BY IMMEDIATE CAUSE (a		ONAR	Ç	INSUFFI	GIZN CL	c	ON	SET AND	DEATH DAY 7445
He He	e >		420	/ DUE TO			7						
ہے کہ	ψ ≻		Conditions, if	any, which)	ATE	Roseni	ERO	TIE HE	ART D	12693	e		
in perm	ਰ <u>ਵ</u> ਯੂ		gave rise to cause (a), stating lying couse last.	the under- DUE TO		-RAIA	AA C	2 RH47-41 M	173				
physicia as been al-trans	avol, or	CATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	N PART 1(0)	PERFOR	RMED?
ending scote h	e	MEDICAL CERTIFICATION	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCC	URRED (Enter nature of injury in	Part 1 ar Part II of i	tem 18.)			
if or off nis certifications	motion.		20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yes		ot while.		OF INJURY (Hame, farm y, street, office bldg., etc		n)	(Caunty)		(Stale)
hospita After It hed for	ייסין, בי		21. I certify t	hat I attended the MARCH 30	deceased fro			, 19.6 /, ta	GA from the		nat I last so		
ë Q	5 5		ACTUAL ,	Mui		l e pa.	cum c	1	ADDRESS (Street, ci				TE SIGNED
	o bio		PHYSICIAN'S NAME (Type)	RRUN	OK	OLE B	M.C		HIN COD N		DC. :-	Mic	
moy be r FUNER page 3 st	registror	220	BURIAL, CREMATION SEMOVAL Specify	ON, 226. DATE THEREO	OF 22c.	NAME OF CEMET	ERY OR C		22d. LOCATION (ity, town, or co	ounty)	(Stale)
E D a	2		FUNERAL DIRECTOR	7	A	DDRESS	Hari	1 Cem.	D BY REGISTRAR	24b REGISTRA	7 10 111		id, Mo
VS A15 (4) 15M 9/55				eral Home	e Wash	ington	D.C.	DATE 3			9 8 th		
13/10 7/33										4 56 10			



ADVIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed I ved, If institution: Residence before edmission) e. COUNTY Page MARYLAND b. CITY OR TOWN (if outside corporate limits CALENGTH OF STAY IN 16 c CITY OR TOWN (If outs'de corporete limits, write RURAL end giv > nearest town) ... write RURAL and give neerest town Board d. NAME OF HOSPITAL OR INSTITUTION (if not its hospite), give street eddress) d. STREET ADDRESS 101 ON A EARM? retained he State B YES NO 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE DATE OF BRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 2 with last-birthday) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if relired) Pages 1 pages I within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAX 15. WAS DECEASED EVER IN U.S. ARMED JORCES? 16. SOCIAL SECURITY NO. (Yes, nd runkown) | (Ifyesgivewerordeleso/service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERYAL BETWEEN ansit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-tr Office DUE TO Conditions, if any, which geve rise to immediate couse 60 **DUE TO** (e), steting the underlying cause last. PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0 19. WAS AUTOPSY PERFORMED? 2 NO I plnous 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 the Chie 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While el work et work 19 p.m. OR: Inspection L 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion forwarded b Accident Suicide Homicide Undetermined manner death resulted from. Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, fown, or country) 220. BURIAL, CREMATION, 22Ь. (State) 0 0 24s. REC'D BY



VR A15 (4)

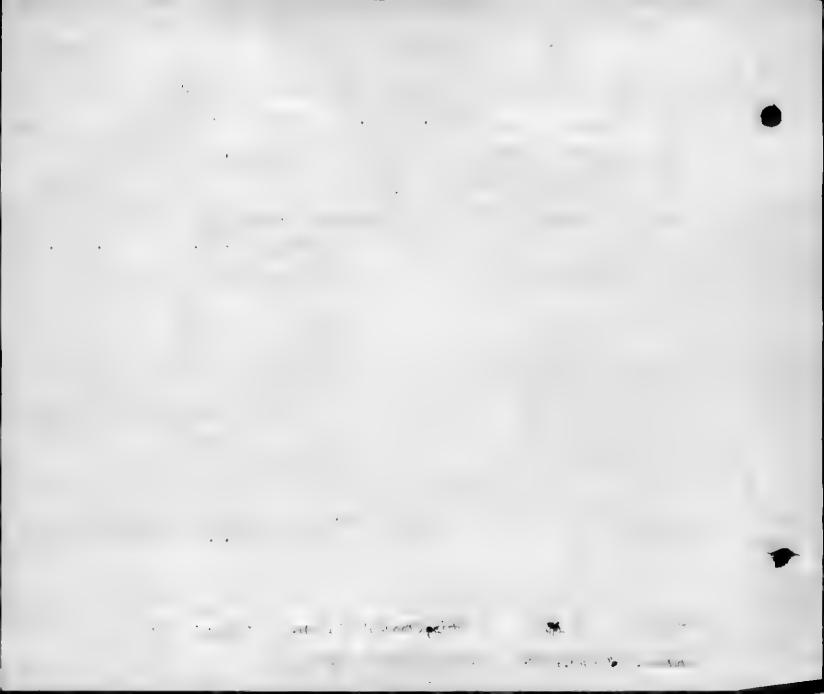
BURIAL, CREMATION, 231

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AN** CERTIFICATE OF DEATH 12043 Information from birth cent. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Rasidence before admission) a. COUNTY a. STATE b. COUNTY Prince George MARYLAND Maryland Prince George . c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, g ve streat address) Deanwood Park a. IS RES DENCE ON A FARM? YES NO Hospital Prince George 3. NAME OF DECEASED (Type or print) DEATH Maurice Giliums IF UNDER 24 FIRS. Apri 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K | 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthdey) Months WIDOWED | Male December 1De. JSUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Prince George, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Gresham Jessie Lee Gillums 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO , 17 INFORMANT (Yes, no, or unkown) | (Ifyesgive werordetesofservice) 18. CAUSE OF DEATH lenter only one couse per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stering the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 206 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of nivry in Port 1 or Pert 1 of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, ferm, ... 20f. (City or town) fectory, street, office bldg., etc.) While Not While at work at work 19.61, and that death occured at ... 3. 30 from the ceuses and on the date stated above. 22b. DATE **ATTENDING** SIGNED PHYS. DIRECTOR PHYS.

saw the deceased alive on 22a SIGNATUR

22d. ADDRESS 22c PHYSICIAN NAME (TY

NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

22b DATE

(State)

L961

12. CITIZEN OF WHAT COUNTRY?

U. A. A.

Day

Doys

(County)

Wash.

ON A FARM?

YES NO

Year

1961



ON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission I. PLACE OF DEATH e. COUNTY RGINIA c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Junits, write RURAL and give necrest town) <u>_ رام</u> a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 🔀 NAME OF Yeer DECEASED DEATH (Type or print) 196/ B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED and (last birthday) Months WIDOWED [DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina ACUSCIO I FC. 14. MOTHER'S MAIDEN NAME please attending John Elkins Leonora McSweenev Then I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesotservice) o Brook Dr. the 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), HEMORRHAGE TRACRANIAL IMMEDIATE CAUSE (a) CUTE MOHOCYTIC LEUKEMIA Conditions, if eny, which geve rise to immediate ceuse DUF TO (e), steting the underlying PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Part I or Pert I of Item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) After (County) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While et work et work 1960 21. I certify that (i) (this hospital) attended the deceased from ... saw the deceased alive on 4170RIL and that death occured at 5.3M, from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. death. Page A CO FUNERAL director, page 3 be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY /1. 288 BURIAL, CREMATION, 285 MOVAL (Sperity) 25e. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY b. COUNTY AT Lechany Page Prince George's .. STATPennsylvania of Health MARYLAND b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give naerest town) OUL write RURAL end give nearest town Pittsburgh 50 minutes Cheverly Board retained for he State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE and 3 to the funeral ON A FARM? Prince George's General Hospital 157 North Craig YES NO NAME OF M ddla 4. DATE Month DECEASED the 19 61 (Type or print) Anna Al.and Gunst DEATH пеу ре with should be executed within 24 hours effer death 19" in pencil in Item 18. Give Pages 1, 2, and 3 is 5. Office along with form PM3. Page 5 may b a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with 6. COLOR OR RACE , 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers 11F UNDER 1 YEAR Jast birthdey) Months Hause **Female** White WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Pennsylvania U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sophia Roman Joseph Aland This certificate should be executed within 2800 74th Avenue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service) Ethel Lance, Hyattsville, Md. None None 18. CAUSE OF DEATH linter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Cardiovascular renal disease Conditions, if any, gave rise to immediate cause "pending" Examiner's R) DUE TO (a), steting the underlying 50 pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? sase execute me cartificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR; Page 3 should be NO JO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH. MEDICAL 2Dc. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, Month, Dev. Year 2Dd. INJURY OCCURRED 20f. (City or lown) (County) (Stata) 0 While Not While factory, street, office bldg., etc. at work at work prior FUNERAL DIRECTOR: its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry XX and in my opinion CAL 1 Natural causes X death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE April DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Typa) Addrass (Streat, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g 0 Burial Pittsburgh Homewood Pennsylvania 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 245, REGISTRAR'S SIGNATURE VS. AISME W. W. CHAMBERS CO.. Riverdale, Maryland, DATEAPR 2 4 '61 5M 7/59 Calling & the

MARYLAND STATE DEPARTMENT OF HEALTH

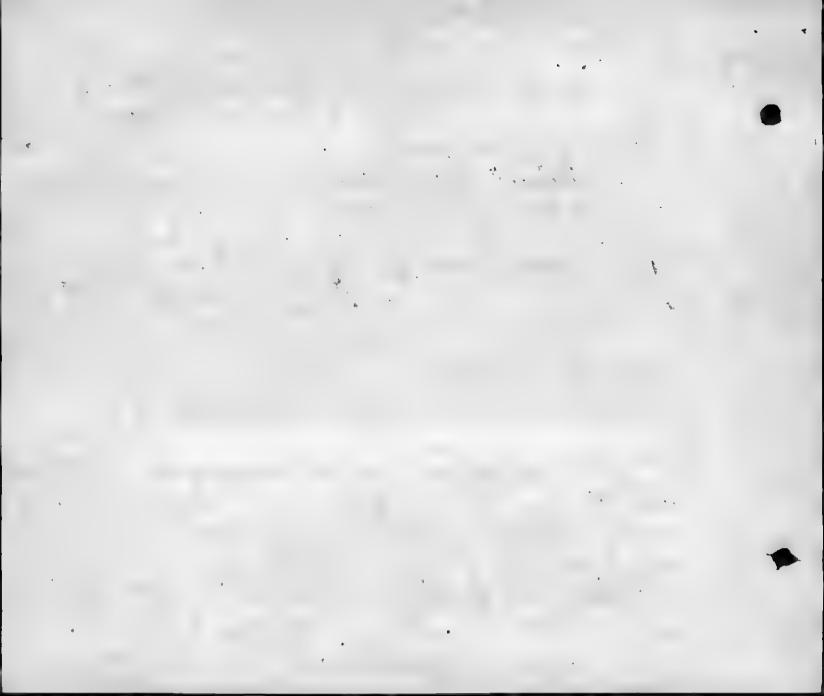


1			MARYLAND STATE DEPARTMENT OF HEALTM DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	A A DVI AND
			CERTIFICATE OF DEATH	04640
after outs			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions	Residence before edmission)
hours			B. COUNTY PrinceGeorges MARYLAND B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	inceGeorges
fille Peges da	Æ	1	Cheverly 15 days d. NAME OF HOSP, TAL OR INSTITUTION, If not in hospita, give street address) d. STREET ADDRESS	ON A FARM? YES NO
npletely papers. n 72 hol]]	PrinceGeorges General Hospital Tanham P.O. NAME OF DECEASED (Type or print) P amela Patricia Hall April	Day Year
be ex and cor carbon nt, within		5.		R1 YEAR IF UNDER 24 HRS.
certificate physician remove c		don	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. C	S.A.
death iding please	T		Rudolph Hall Jr. Elizabeth Thersea H	utton
at the atten Then roval, a		15. (Ya:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkown] (Ifyesgivewerordetesofservice) None Mother Same	
s that ian. by the rmit. r remo		T		INTERVAL SETWEEN ONSET AND DEATH
physic physic gned l ssit pe			PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)	
nding peen signal-tran cremati			geve risa to immediate cause	
t: The prante has be the bur urial,			ceuse lest. (c)	TORCY ALTORCY
respital contributions as the prior to be		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
PHYS: the hos this cert d for us offine prior	great.	1 - 1	206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of noury in Part I or Part II of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Web Service Se
TDING ined by Ther After detached		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.]	ounty) (State)
ATTEN be retail CTOR ild be e			21. I certify that (I) (this hospital) attended the deceased from 19.61 to Apr. 11, 19.61 to Apr. 11, 19.61 and that death occurred at 7.30 Alfron the causes and on	9.61 that (I) (we) last the date stated above.
DIRECTOR A State of State			220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	Apr • 11-61
HOSPITAL ath. Page 4 FUNERAL ector, page filed with t	# H		22c. PHYSTRIAN S NAME (Type) Dr. John Perkins M.B. 22d. ADDRESS 5301 Hamilton St. Hyattsvile, Md.	,
O HOSP death. Pa O FUNE director, I	32	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 4/17/61 Pr Geo. General Hospital Cheverly, P.G.Cou	
VR A15 (4)	ì	`	FUNERAL DIRECTOR'S SIGNATORE ADDRESS 250. REC'D 8Y REGISTRAR 256. REGISTRAR'S	
		<u>ا</u> = ا	The state of the s	



W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if instant on, Residence before edmission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate for is, m Is, write RURAL and give no ast town RURAL and give haarest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 4. DATE DEATH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER MARRIED NEVER MARRIED WIDOWED [DIVORCED T 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Myesgive wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per lige (or (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (a), stating the undarrying BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part J or Part II of item 18.) 1 20d. INJURY OCCURRED 20. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Month, Day, Year (County) Not While at work at work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection death resulted from: Natural causes Accident 1. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL pluods Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Cemetery Carmel 0 Burial Upper Marlboro Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Ritchie Bros. Fun'l Home-Upper Marlboro, DATE MAY 1 Chilling S. Kraus 5M 7/59

AND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residen a. COUNTY b. COUNTY Prince George's MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give pearast town) Cheverly hours Chanel Oakes NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS Prince George's General 5802 Sheriff Road 3. NAME OF . 4. DATE DECEASED OF (Typa or print) DEATH Alfred Ignatious Hamilton April 16, 1961
AGE (Th years IF UNDER 14 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH wih Tay 2 will age 5 may 1 and 2 wil 72 hours lest burthday) and W DOWED Male Colored July 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore gn country) in Item 18. Give Pages 1, 2, 10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Tavern Owner District of Columbia with form PM3. Pa permit, File pages 1 Tavern 13 FATHER'S NAME William H. Hamilton Mary Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) (If yesgiva war or detas of sarvica) Dorothy L. Hamilton, Same as # 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and shock DUE TO Gun shot wound in the thigh and pelvis geve rise to immediate cause **DUE TO** (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS ALTOPSY certificate, writing the word Medical 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF EATH. Shot by a revolver that fell to the ground forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF NJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) fectory, street, office bldg., etc.) 2 While Not While 16/ 10 61 at work at work Tavern Chapel Oaks designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection y inquiry | Natural causes Accident x Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER lease execute it should be for VEUNERAL I SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) James I. Boyd 228, BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Bureal 400 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. ATSME 3619-1481 APR 1 8 '61 arthur S. Huma 5M 7/59

Prince George's

U. S. A.

(County)

4/16/61

Months

e. IS RESIDENCE ON A FARM? YES NO 4

Year

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

and in my opinion

DATE SIGNED

(State)

NO

Md.



y the funeral and 2 should The law requires that the death certificate be executed within 24 hours after

death, Page 4 the benefitined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN:

TO HOSPITAL

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11 710 110

(7)

1.656 CERTIFICATE OF DEATH

	#3632
1. PLACE OF DEATH e. COUNTY	2, USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission e. STATE b. COUNTY
Prince Georges MARYLAND	D. C.
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. City OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Glenn Dale (rural) 21 days	Washington
ad. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS (a. 15 RESIDENCE
Glenn Dale Hospital	1217 Orren St., N. E. YES NO NE
3. NAME OF First Middle	Test 4, DATE Month Day Yeer OF
(Type or print) James C.	Harris DEATH 1 7 19 61
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS
Male White WIDOWED DIVORCED	8/13/03 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTR
Construction worker Unknown	Fla. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Harris	Catherine Cox Harris
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 11	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice) Unknown	Decedent
18. CAUSE OF DEATH [Enter only one ceuse per line for (e,, (b), end (c).]	I INTERVAL BETWEEN
BARTI BLATIAWAS CAMERD BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) Right pneumothorax	40 <u>nrs.</u>
DO 2 X DUE TO	
Conditions, if any, which \ (b) Far advanced pulmor	nary tuberculosis 14 yrs.,
geve risa to immediate ceuse (a), steting the undarlying DUE TO	
causa last.	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPS
	PERFORMED?
□ OR CONTRIBUTING □ CAUSE OF DEATH	(Enter neture of injury in Pert I or Part II of tem 18.)
I faste	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour e.m. p,m. 19 While Not While et work et work	1
21. certify that (I) (this hospital) attended the deceased from	3/17
1	death occured at a M, from the causes and on the date stated above
228. SIGNATURE	Acting 225. DATE
	ATTENDING MED. STAFF PHYS. DIRECTOR X PHYS. 1
22c, PHYSICIAN'S TY MARKING TY M.	
NAME (Type) William J. Washington, Jr., 1	OTEM DATE HOSPICAL
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (Stelle)
DURIAL 10 HPRIZ 1961 FORT LINCO	LN (EMERIA) PLAXENS BORG, [1] D.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 8/6-	4 57 1 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TOATE APR 11

windling S. Kraus

KINALDI FUNERAL HOME WASH. DO



VR A15 (4) 15M 9/59

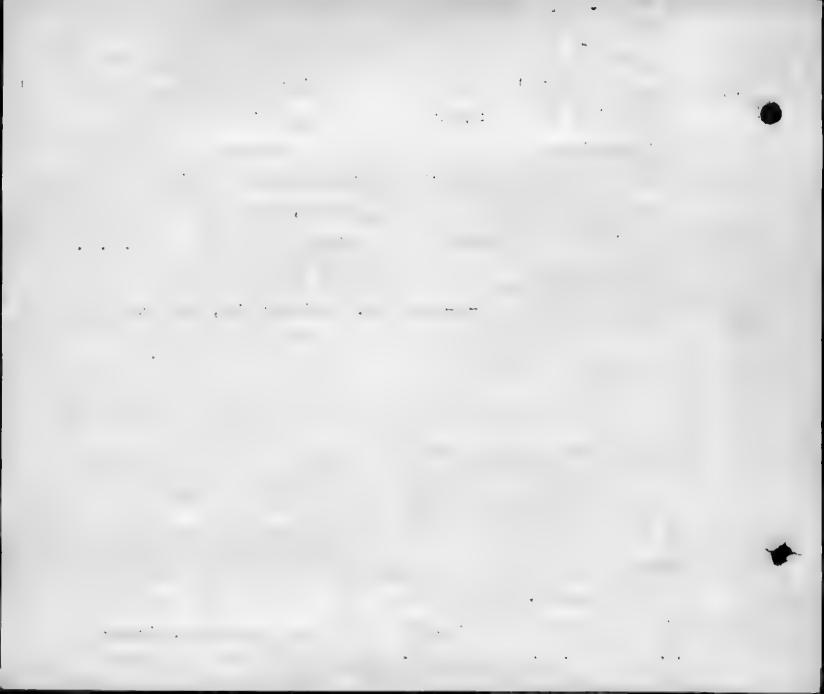
CERTIFICATE OF DEATH

ż

657 CERTITION	TE OF PEATIT
1, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE
Fince Georges MARYLAND	Md. France Crorges
B CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town
d. NAME OF HOSPITAL (If not in haspital, give street address)	bowse 1
OR INSTITUTION	5 9 Chestnut Stal ON A FARM? YES NO DE
3. NAME OF PICEASED First Middle	Last 4. DATE Manth Day Year
(Type or print) 5 SEX 16. COLOR OR RACE 17. MARRIED 17. 18. 1	TWKINS DEATH April 28 1961
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In ears lif UNDER 1 YEART IF UNDER 24 MRS lost birthdoy) Months Days Hours Min
	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	manyland 4.S.
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
Francis Fletcher	mary brooks
15 WAS DECEASED EVER TN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN	FORMANT Address
10 - KL	ith //vickson Bowie
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cong es/IVE	Heary Failure 2 wks
260 X DUE TO	
Conditions, if any, which gave rise to immediate (b)	100
cause (a), stating the under-	mellitus 15 ma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	
CATH	YES NO
I ≅ I OR CONTRIBUTING □ CAUSE OF DEATH I	D. (Enter nature of injury in Port I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour a.m. While Nat while for	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	- A - Y 0 0 14
21 I certify that (I) (this hospital) attended the deceased frame	
saw the deceased alive an 1961, and that d	eath argurred and M, fram the causes and an the date stated above.
	M. D. ATTENDING MED DIRECTOR PHYS 4/28/6 SIGNED
PAME (Type) HENRY A. Wise To	r. Bowie, md
23d BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City, town, or county) (Stote)
Queel 373-61 Church of Cls	cension sewer mod.
24 FINERAL DIRECTOR'S SIGNATURE 26/9-14'181	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
CHANNON + 7/10/1/1/1/1/1/	DATEANY 1 '61 Classer & Thank



7 -8		THE ZUNZI FILE ZUY MARYLAND STATE D	EPARIMENT OF HEALTH
FOR CTATE		Division of STATISTICAL RESEARCH AND RECORDS	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK SIAIE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALIH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
E 8 : 5			a. STATE b. COUNTY
80mm (100mm)		b. CITY OR TOWN (if outside corporate limits.	Maryland Prince George Sc. C.TY OR TOWN If outside corporate I m Is, write RURAL and a veneral town
\$ TO THE STATE OF		Write RURAL and give nearesi town) Byattsville 5 years	
or or or		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
B P P P			ON A FARM?
fundaments of the state of the	ä.	3900 Hamilton	3900 Hamilton
the started		DECEASED	OF
#58##			lerring DEATH April 29 181
dage dage dage dage dage dage dage dage	۵.	Them - 3 - In 3 4	last birthday) Months Days Hours Min.
12 S B C B C B C B C B C B C B C B C B C B	+	Female White widowed DIVORCED	August 10, 1892 68 yrs.
and and and and and and and and and and	Hoi	s. USUAL OCCUPATION (Give kind of work inch during most of working life, even if retired) House Wife Own Home	11. SIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pages 1 and 1 in 7		01.11 01.110	Maryland U. S. A.
M3. Page	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paris Paris		Samuel Callahan	Enma Long
4 8 5 1 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	15. (Ye:	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.] ss, no, or unknown) [(Ifyesgivewarordetesofservice)]	INFORMANT Address
D E E E	,,,,		r. Daniel W Herring, same as # 2
o t we	Î	18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
ong li ju		PART I. DEATH WAS CAUSED BY: MALMONARY	
		IMMEDIATE CAUSE (a)	LUCMIT
be a la		IMMEDIATE CAUSE (a) MEDION HICY	EDEMA
uld be- in penc Hice a urial-tr		871.0 DUETO 54/4)2///	LOGMA
should be g" in penc 's Office a a burial-tr emoval, a		S7/, O DUETO Conditions, if any, which give rise to immediate cause	
ste should be rding" in penc ner's Office a as a burial-ir or removal, a		S7/, O DUETO Conditions, if any, which geve rise to immediate cause (a), stating the underlying DUE TO Acute intoxicat	cion due to Placedyl.
rificate should be pending" in pend aminer's Office a rsed as a burial-tr on, or removal, a	2	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. OUE TO Acute intoxicat	ion due to Placedyl.
certificate should be rd "pending" in penc I Examiner's Office a be used as a burial-fr iation, or removal, a	NTION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. OUE TO Acute intoxicat	or related to the terminal disease condition given in part 1/e) 19. WAS AUTOPSY PERFORMED?
his certificate should be word "pending" in pendical Examiner's Office a id be used as a burial-transition, or removal, a	HCATION	Conditions, if any, which geve rise to immediate cause (a), stating the underlying DUE TO ACUTE INTOXICAT CONDITIONS CONTRIBUTING TO DEATH BUT NO	or related to the terminal disease condition given in part 1(a) 19. WAS AUTOPSY PERFORMED?
R: This certificate should be the word "pending" in pending wedical Examiner's Office a should be used as a buriel-trail, cremation, or removal, a	CERTIFICATION	Conditions, if any, which goversse to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRIMARY or CONTRIBUTING DOCUMENT.	or nature of injury in Part I or Part II of Hem 18.)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4659 PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND L'CITY OR TOWN I Fouls de corporele l'mits, c. CITY OR TOWN (If o side corporate mits, write RURAL and give necrest town) LENGTH OF STAY N 16 OF INSTITUTION IN IS RES. DENCE ON A FARM YES NO Z pletely 4. DATE 3. NAME OF DECEASED OF 19 (0 DEATH (Type or print) AGE (In yeers IF UNDER 1 YEAR IF UNDER NEVER MARRIED Months and WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) physicia 13. FATHER'S NAME 14. MOTHER'S MA, DEN NAME attending pt Then please .5 Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addms Then 16. SOCIAL SECURITY NO.1 17 CTNFORMANT oval, (Yes, no, or unkown) (If yes give we rordales afservice) 18. CAUSE OF DEATH [Enter only one course the line jay (e), (b), end(c). Millar. T 045-10 ONSET AND DEM PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0 Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Jam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. el work et work 21. I certify that (I) (this hospital) attended the deceased from.... M. from the causes and on the date stated above. saw the deceased alive and that death occured at/...... DATE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHY 5 M.D. O HOSPITAL
death. Page 4 22c. PHYSICIAN'S NAME (Type) director, be filed v 23c. NAME OF CEMETERY ORXINATORY 23d, LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF (Steta) REMOVAL (Specify) Arlington Va Arlington National Burial 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) . Gasch's Sons Hyattsville Md. DATE APR 2 6 '61 15M 9 60

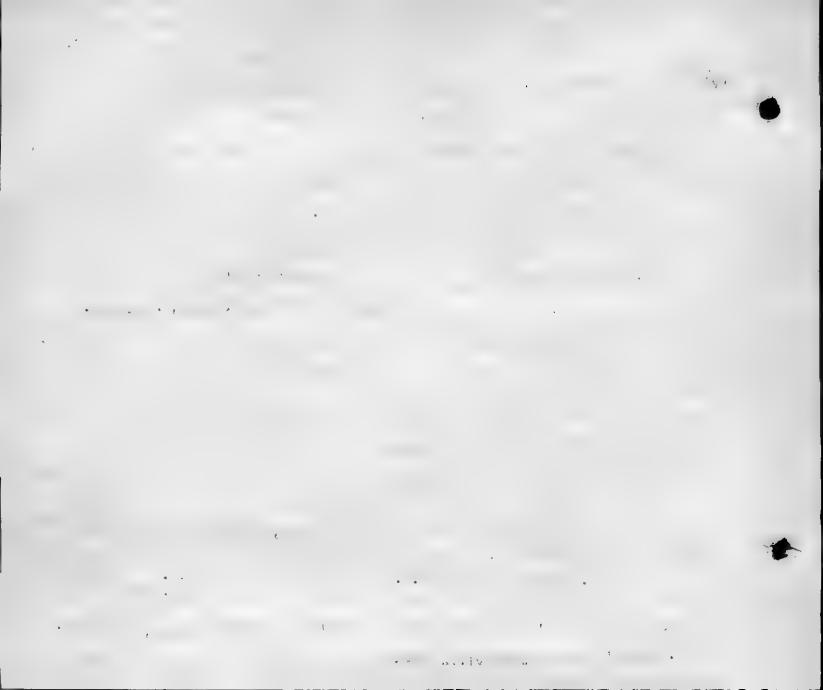
MARYLAND STATE DEPARTMENT OF HEALTH



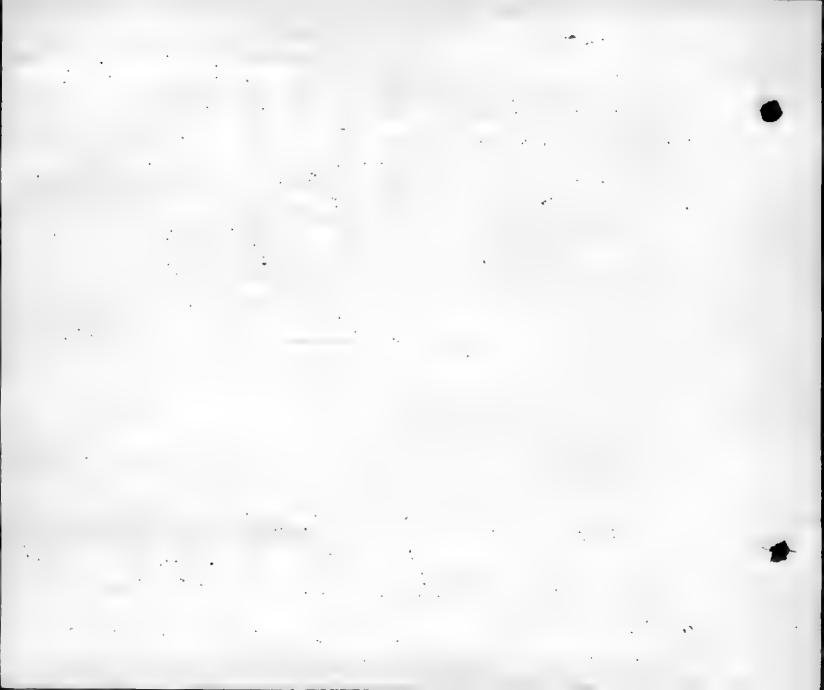
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY 혼건 Prince Georges Maryland Frince Georges MARYLAND b. CITY OR TOWN (if outside corporeta I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Cheverly 13 days Lanham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 9204 YES NO Prince Georges General Hospital Fowler Lane 3. NAME OF M ddie 4 DATE Yaar DECEASED OF (Type or print) DEATH April 19 John Hines 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BRIH 9. AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months WIDOWED D. VORCED Male l Jan. 1910 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) SA Maryland Surveyer

13. FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME affending Francis M Hines Elizabeth Wood 급 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesg vewarordetesofservice) Genevieve A Hines Lanham, Maryland. by the 18. CAUSE OF DEATH [Enter only one cause per | ne for ie), (b), and (c) PART I. DEATH WAS CAUSED BY: MASSIVE G.T. BLEEDING IMMEDIATE CAUSE (e) S X1.1) DUE TO ESOPHAGEAL VARICOSITIES Conditions, if eny, which geva rise to immediata cause DUE TO (e), stelling the underlying CIRRHOSIS OF THE LIVER ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part Lor Part I, of item 18) After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) factory, street, office bldg., atc.) While Not While at work at work 1961, to ... 7-1.30 ... 1961, that (1) (we) last19.4. I, and that death occurred all. I Millrom the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE ATTENDING PHYS SIGNED DIRECTOR PHYS. death. Page 4 NAME (Type) Dr. 22d, ADDRESS 7Lth Ave. 22c. PHYSICIAN'S Frederick Musser, McD. director, I Bellemeade. Md 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify)
Burial May 3, 1961 | Ft Lincoln Cemetery Maryland. Colmar Manor 24 FUNERAL DIRECTOR'S SIGNATURE 258 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) F. Gasch's Sons arthur & Thous 15M 9/60 Hyattsville

RYLAND STATE DEPARTMENT OF HEALTH



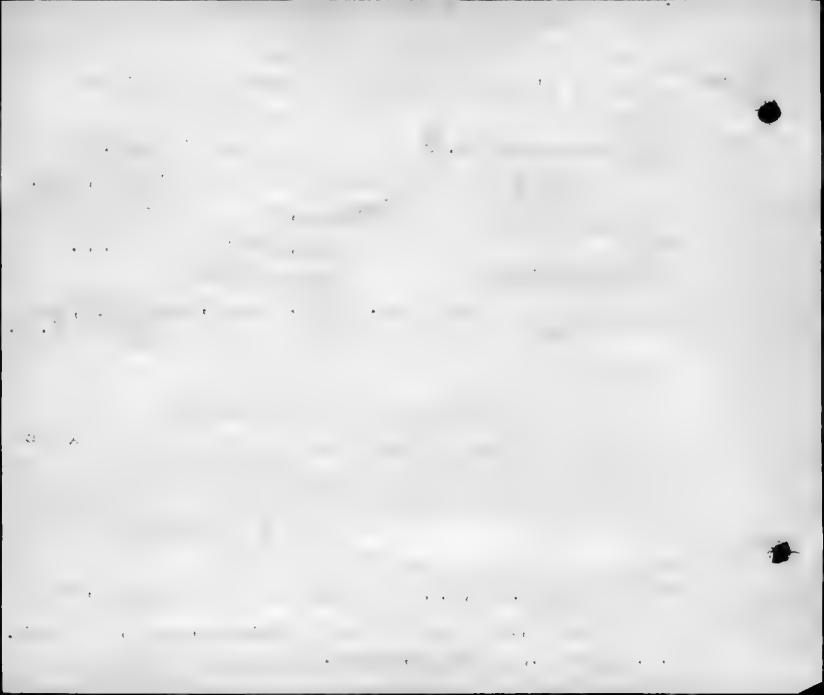
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		CERTIFICATE OF DEATH Reg. Dist. No. 1 4 6 4 8
Page	1	PLACE OF DEATH O. COUNTY MARYLAND O. STAT O.
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DING nospik Affer the ed far		21. I certify that I attended the deceased from 1961, to present, 1961, that I last saw the deceased
TENDIII		alive and 11 4 45 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
OR ATT		SIGNATURE - MAN Troys &. M.D. 3501 Hamilton H 4/11/6
OSPITAL O		PHYSICIAN'S FRANK M. TROZZO VR Hyallsville, Mel
OSP INEI Inegi	22	BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)
Om O on on one of the original	23	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS PLY. Karinga 240. RECID BY REGISTRAR 240. RECISTRAR'S SIGNATURE
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Ross		X Inc.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm ss.or e. COUNTY Prince George's County MARYLAND b. CITY OR TOWN (I outside corporete I mils. c. CITY OR TOWN IIf outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h write RURAL and give negrest town) Takoma Park Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM retained re State E Eastwest Highway Eastwest Highway Apt 3. NAME OF Middle DECEASED OF VICTOR (Type or print) WARD HUNSTING BIR DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER last birthday) WIDOWED [DIVORCED | January 20, 1961 Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retiradi Pages 1 Infant U.S.A. Child Peoria, Illinois pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Lee Collins Melvin Frank Hunsinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yesg vewerordetesofservice) Mr. Melvin F. Hunsinger, Highway Apt. 31 None None 18. CAUSE OF DEATH [Enter only one cause ner line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT, ON GIVEN IN PART 16., 19. WAS AUTOPSY PERFORMED: 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While While at work | et work 21. I certify that I took charge of the remains described above, held en Autopsy 📉. Inspection 📜 Inquiry D. and in my opinion forwarded to death resulted from: Natural causes X Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES I. BOYD, M.D. FUNE NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Burial Spring Bay, Woodford, Cty. Spring Bay Cemetery 40 9 17.1961 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Riverdale, Maryland, DATE APR 17'61 CHAMBERS CO.. arthur & Heard 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY PRINCE GEORGES MARYLAND the 1 DISTRICT OF COLUMBIA b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) WASHINGTON 39 Hrs 20 Min ANDREWS AIR FORCE BASE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) m. IS RESIDENCE ON A FARM? USAF HOSP, ANDREWS AFB, MARYLAND 1201 VALLEY AVENUE. YES NO X 4. DATE 3. NAME OF Year DECEASED OF (Type or print) DEATH 22 19 61 PETER GEOFFREY HUNTLEY APRIL. carbon IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE IIn years , IF UNDER 1 YEAR MIn. 20 last birthday) and Months Hours WIDOWED F DIVORCED | 21 APRIL 1961 -39 MALE CAUCASIAN 12. CITIZEN OF WHAT COUNTRY? physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) UNITED STATES NONE MARYLAND NONE attending ph Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD L. HUNTLEY JO ANN EXUM 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) SAME AS ITEM #2 FATHER the t INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY-PREMATURITY IMMEDIATE CAUSE (a) signed **DUE TO** CONGENITAL, BILATERAL ATELECTASIS. Conditions, if any, which (b) gove rise to immediate cause **DUE TO** (a), stating the underlying SUBARACHNOIC HEMORRHAGE, MODERATELY SEVERE PART IS, OTHER SIGNIF, CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY も青 CERTIFICATION PERFORMED? certificat YES X NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Siete) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc. Hour e.m. While Not While et work at work 21. I certify that ((this hospital) attended the deceased from 21 April 1961, to 22 April , 19.61, that (1) (we) last saw the deceased alive on 22 April 1961, and that death occured a7:300, from the causes and on the date stated above. 22e. SIGNATURE SIGNEO ATTENDING PHYS. XX MED STAFF 22 April 61 DIRECTOR PHYS. PHYS. death. Page 4
O FUNERAL
director, page 3
be filed with th 22d. ADDRESS 12c. PHYSICIAN'S USAF HOSP, ANDREWS AIR FORCE BASE, MD. HARITOS, CAPT USAF MC NICHOLAS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City-lown or county) (State) 230. BURIAL, CREMATION, D236. DATE THEREOF REMOVAL (Specify) orane H 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 2 7 '61 withing S. Krisca 15M 9/60 - 2.05023 3 X

hours

24

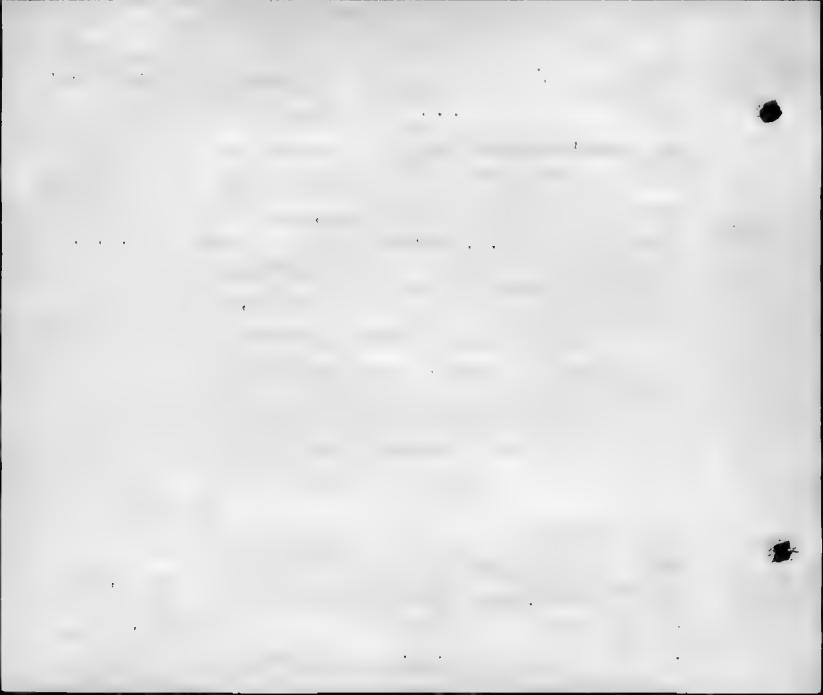
within

death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b COUNTY rince George's MARYLAND Prince George'S
b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) D.O.A. Cheverly Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5722 39th Avenue YES NO 3 3. NAME OF 4. DATE DECEASED and 3 to the the April Camlyn Hvde (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months | Days Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if refired) District of Columbia U. S. A. Government Secretary paged 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara KKFWX Bremerman Claude Thornburg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyasg vawarordalasofservica) George Roger Hyde, same as # certificate, writing the word "pending" in pencil in Item 1 rded to the Chief Medical Examiner's Office along with ECTOR: Page 3 should be used as a buriel-trensit permi 18. CRUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Coronary arterial heart disease Conditions, if any, which gava risa to immadiate cause DUF TO (a), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19, WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enfar natura of injury in Part I or Part II of Jam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 1 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) Not While While al work af work lease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes * Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SApril 2, 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Streat, city, fown, or county) James I 22c. NAME OF CEMETERY OR CREMATORY 228 BURIAL, CREMATION, 22d. LOCATION (City, fown, or country) Burial (Spacify) Glenwood Cemetery 4/4/61 40 6 Washington D. C. 248. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Hyattsville, Md. F. Gasch's Sons Cirilar S. Hrank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) PRINCE STARRIES c. CITY OR TOWN (Il outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 syrite RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) TAYLOR R 3. NAME OF DECEASED (Type or print) DEATH 9. AGE (In Years | IF UNDER 1 YEAR lest birthdey) Months WIDOWED IZL DIVORCED | 13. FATHER'S NAME 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes of service) SEKUD 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: CATE CINDIZIA IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (+), stetling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2Dd INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 2/...., 196/..., that (I) (we) last 21. | certify that (I) (this hespital) attended the deceased from. . 20 19 6/, and that death occured 2:10 A.M. from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ANNAPOLIS 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 230. BURIAL, CREMATION, | 236 DATE THEREOF REMOVAL (Specify) Fairfax Fairfax, Virginia

25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Orthur & Kanal

death. Page 4 VR A15 (4) 15M 9/60

funerai

physician

please attending

EVERAL DIRECTOR'S SIGNATURE EVERLY FUNERAL HE



TO HOSPITAL CALIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4. The retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in/any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF USALTH

	MAKILAND SIAIC DE	AKIMENI OF	REMEIN	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMORE 1,	MARYLAND
4000	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH		-04653

		PLACE OF DE	ATH				2. USUAL RESI	DENCE	(Where de	coesed lived, If	institution: Res	idence belo	re adm ssiopi
T i		a. COUNTY	Prince 0	eorges		MARYLAND	a, STATE	D.	G.	b. cour	NTY	-	
"/		6. CITY OR TOV	/N (if outside corp	orete limits,	, c. LENGT	TH OF STAY IN 16	c. CITY OR TO			orate limits, writ	e RURAL end s	Ive nearest	Lown)
		write RURAL	Dale (ru	town)		12 days		Wa	shing	ton		47	X - '
.7		d. NAME OF HO	SPITAL OR INSTIT	TUTION (if not in I	hospitel, give :		d STREET ADD					1 4. 1	RESIDENCE
			Dale Hos					202	0 20+	h C4	0 10		N A FARM?
	3.	NAME OF	Date 1103	First		Middle	Last		. DATE	h St.		Dev	Yeer Yeer
		DECEASED (Type or print)		Jackie		_	Tahnaan		OF DEATH	1.	0		in (a
		SEX	16 COLOR G	OR RACE 7, MAR	nine Fuer in in	Le Company	Johnson B. DATE OF BIRTH			AGE (In yeers	I IF UNDER 1 Y		19 61 DER 24 HRS.
				1 DHT.	separa	ated				last birthdey)	Months De		
		Female	White PATION (Give kin			DIVORCED	6/25/18 (RY 11. 8 RTHPLACE	Country	E State or	42 Yrs.	12 (1717)	N OF WHA	T COUNTRY?
	do	ne during most o	f working tife, eve	n if retired)	. KIND OF SU	3114E33 OK 114DU31			or State, or	totaldu conuită			COONIKII
<i>].</i>		OUSEWLÍE FATHER'S NAM			**	dar	Color:				US	A	
	13.	LW LUER 5 MW0	NE.										
		James Ma		uca conocci i			Laur	a re	tts				
) (Ifyesgive wero		ie. SOCIAL SE	CURITY NO. 17.	INFORMANT			Addres	5		
]	Unknown			nknown		Decedent						,
				only one cause pr	er line for (e),	(b), and (c))						INTERVAL ONSET A	
		PARI I. L	EATH WAS CAUS	AUSE (e)_Lae	nnec s	cirrhosi	s of the 1:	iver	, dec	ompensa	ted .	_Unkn	own
	DUE TO												
	Conditions, if eny, which (b)												
		gave rise to im (e), steting th		DUE TO									
		causa last.	, <u></u>	(c)									
ln.	ĕ	PART II. O	THER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE T	ERMINA	L DISEASE	CONDITION GI	VEN IN PART I		S AUTOPSY
8.	Bronchopneumonia, left lower lobe; chronic alcoholism												
	idu	20a ACCIDENT WAS INDERLYING TO 20b DESCRIBE HOW INHIBY OCCURED (Fotor nature of injury in Part I or Part It of item 18.)											
	(IF EITHER, NOTIFY MEDICAL EXAMINER)												
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town)								(Count	1)	(State)		
	MEDICAL	Hour e	.m.		hile Not W	111110	ciory, street, onice oldg	let auces !					
				s hospital) atte	ended the	deceased from	3/27/	19	61. to	4/8/	19.6	1. that () (we) last
			ceased alive o				at death occured						
		22e SIGNATU		77.0									22b. DATE
			11111	MAG	11		M.D. PHYS.	MED	CTOR D	STAFF PHYS.		4/	3/61 SIGNED
1		22c. PHYSICIA					22d. ADDRESS	-	Glenn	Dale Ho	enital	'L.	
		NAME (1	Moe Moe	Weiss, M.	. D.					Dale, 1			
	238	BURIAL, CREA	MATION, 23b. D	AJE THEREOF	23c+A	ME OF CEMETERY	OR CREMATORY			ATION (City, to			(State)
		REMOVAL (Spe	al H	112/6/	U	CIM	orgue		Wa	Johns	3600	DI	
	24	FUNERAL DIREC	TOR'S SIGNATU	RE 14	. N. XD	Pas a R.	La Drives	. REC'D	BY REGIST	TRAR 256. RI	GISTRAR'S SI	GNATURE	
	1	nun	Eisa M	D. 64 1	Melan	The D.	THE TOPAL	re API	R 17'6	61 (Inthun S.	Krous	
	-					Y	A ROLL POST OF THE PERSON NAMED IN						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



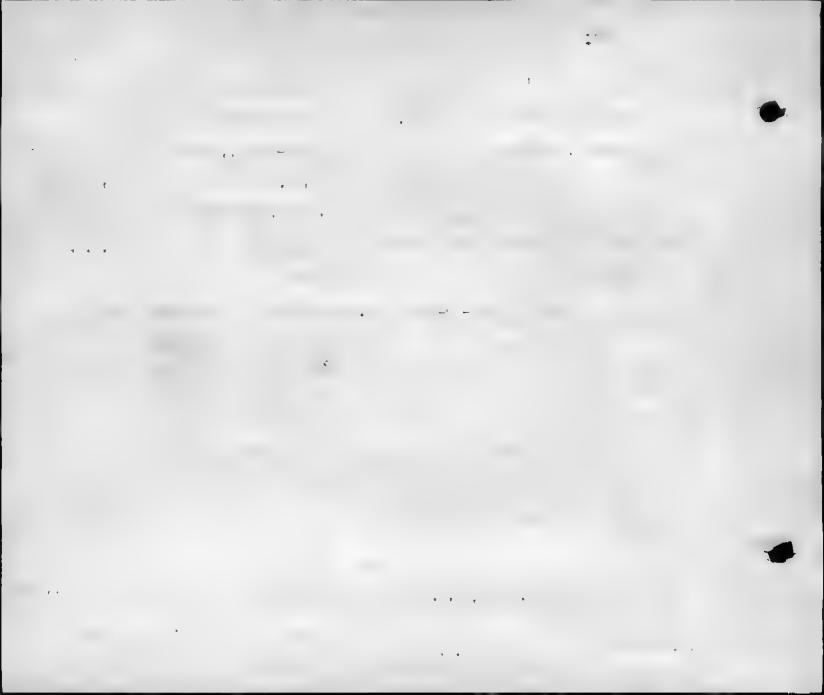
FOR STATE HEALTH DEPT. . Page files. please execute 1/3 certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d' 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to busial, cremation, or removal, and in any event-within 72 hours after death. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4668 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacessed lived, If Institution: Residence before edmission)
PRINCE GEORGE'S MARYLAND	b. COUNTY DRINGE GEODGEIC
b. CITY OR TOWN (I outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I m'ls, write RURAL and give nearest fown)
Write RURAL and give neerest town) HILICREST HEIGHTS 10 VTS	11
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS HEIGHTS
En/E coll ATTRITTE	ON A FARM?
5845 - 28th. AVENUE	5845 - 28th. AVENUE NO.
DECEASED	OF
TONIDS OFFICE	KELLEY, SR, DEATH APRIL 15, 1961
J. MARNED NEVER MARKED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthdey) Months Deys Hours Min.
MALE WHITE WIDOWED DIVORCED	OCT. 12th, 1897 63 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HEAVY EQUIPMENT OPERATOR GONSTRUCTION	ARKANSAS U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	dnown HOLLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT
270	s. Edith Kelley Same as #2
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Ocute Co	n gestur how tolked onset and death
DUE TO	
Conditions, if eny, which \ (b)	- Cartanal law chocon
geve rise to immediate cause	
(a), stating the underlying cause lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY
OF THE PARTY OF TH	PERFORMED? YES NO NO
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of item 18.)
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NO CAUSE OF DEATH.	, , , , , , , , , , , , , , , , , , , ,
	ACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stete)
Hour a.m. While Not While fee	tory, street, office bidg., etc.)
Point IV Last 1	
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes [X], Accident [], Suid	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE CANNOL S	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINERS	DEPUTY MEDICAL EXAMINER APRIL 15th., 1961
NAME (Type) JAMES I. BOYD, M.D.	Address (Street, city, town, or county)
228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	
Burial 4/20/1961 Dexter Kemeter	
V.W. Chambers Co., 51711th St.S.E. Wash. D	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
or, - iton proversus	DATE APR 1 8 '61 Orthur S. Frank



CERTIFICATE OF DEATH director within 24 hours ofter death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed , a. STATE b. COUNTY MARYLAND 9 b. CITY OR TOWN (1/ Jourside corporate limits, write RURAL and give poorest town) c. LENGTH OF STAY IN 1b I/c. CITY OR TOWN (If a bide carporate limits, write RURAL and give nearest town) tienles d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS OR INSTITUTION 5 Gueenbare 22161 puo .5 NAME OF Middle filled OF DEATH DECEASED (Type or print) letely 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) ofter DIVORCED [WIDOWED [certificate be executed camp 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 2 during most of working life, even if retired) pup 23 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse peg lipe for (a), (b), and (c).] PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Ihe **DUE TO** ģ Canditions, if any, which (b) been signed gave rise to immediate DUE TO N couse (a), stating the underlying cause last. the buriof-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO cremation has 200 ACCIDEN WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH attending 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 20e PLACE OF INJURY (Hame form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED g factory, street, affice bldg., etc.) Haur a.m. While Not while p. m. at work 🔲 at work 📋 21 | certify that (1) (this hospital) attended the deceased from saw the deceased alive an , and that death accurred at FUNERAL DIRECTOR 22a SIGNATURE ATTENDING MD PHY DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS should NAME (Type) 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria Ö ADDRESS LAS DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

> . IS RESIDENCE ON A FARM? YES NO Manth Year Day 19 IF JINDER 1 YEAR IF UNDER 24 HRS Months Hours 12 CITIZEN OF WHAT COUNTRY? Address ITERVAL BETWEEN D DEATH WAS AUTOPSY PERFORMED2 YES NO M (County) (State) _, that (1) (we) lost M, from the causes and on the date stated above. 226 DATE SIGNED (State) REGISTRAR'S SIGNATURE



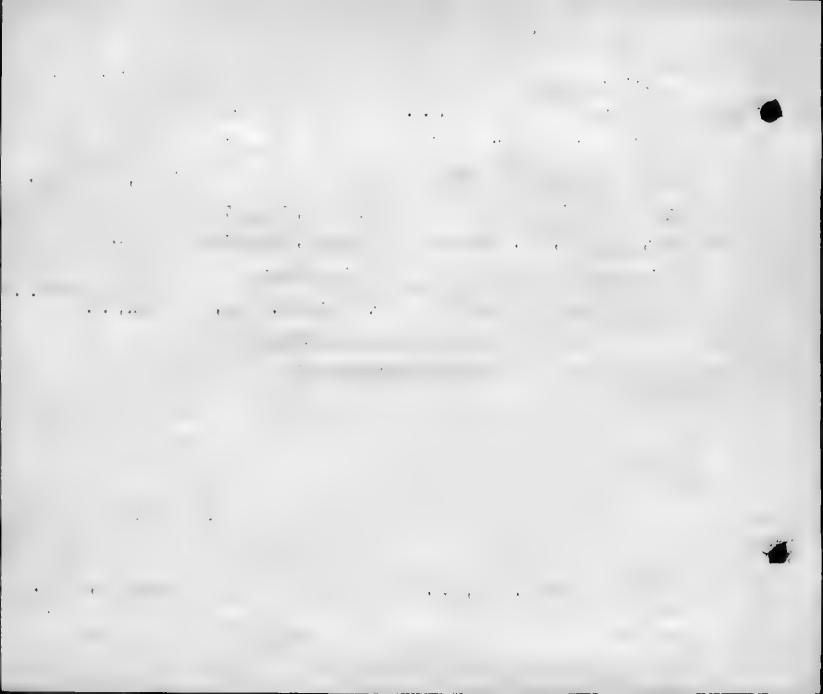
RYLAND STATE DEPARTMENT OF HEALTH



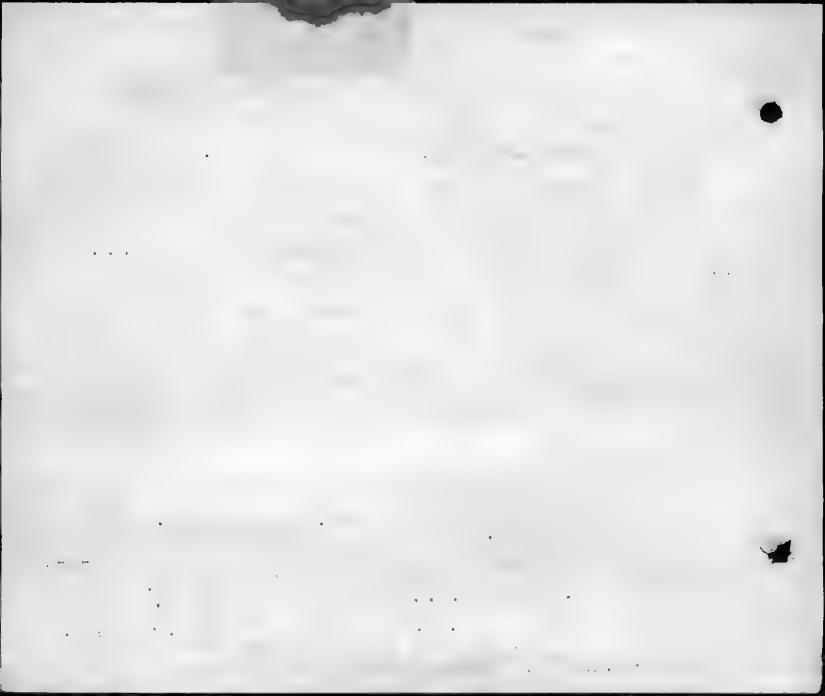
RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admiss on a. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Cheverly D.O.A. Mt. Rainier Board TREET ADDRESS d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give streat eddress) IS RESIDENCE ON A FARM? 3364 Chillum Road Prince George's General Hospital YES T NO DO 3. NAME OF 4. DATE Month Yaar DECEASED 16] (Type or print) Margaret DEATH Konosky ann. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years LIF UNDER LYEAR LIF UNDER 24 HRS. lest birthday) Femal e Months Days Hours WIDOWED [DIVORCED December 18,1952 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Pages Public School Pennsylvania U. S. A. pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Carl Andrew Konosky Mary Louise Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivawarordatasofservica) Carl Andrew Konosky, same as # 2 None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN . Buo PART I. DEATH WAS CAUSED BY, ONSET AND DEATH EUERE EDEMA OF BRAIN AND in Dencil IMMEDIATE CAUSE (a) Office a SPINAL CORD **DUE TO** Conditions, if any, which (b) gave rise to immadiata cause **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 9) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO shoutd 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (Stata) fectory, street, office bldg., atc.) Whila Not While Hour a.m. the R: Pa at work al work prior ease execute In certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry | and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY April 8. EXAMINER'S NAME (Type) James Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THERES 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AT5ME 0 DATE APR 1 2 '6" Cithur & Krous 5M 7/59 JU



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Lyed, If Institution, Residence before admission a. COUNTY **b.** COUNTY Prince Georges Prince Georges County MARYLAND b. C TY OR TOWN (if outs de corporate um ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and g ve neerest town) write RURAL and give neerest town D.O.A. Riverdale Cheverly d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? Prince Georges General Hospital 6109 Mustang Place YES NO TO 3. NAME OF M ddle 4. DATE Month DECEASED LANGE (Type or print) AUGUST LUDVIG DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR. IF UNDER 24 HRS last birthday) WIDOWED [DIVORCED March 30. age 5 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Owner, Resturant, Ret. US. A Meriden. Connecticut Resturant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ferdiand Lange Hilda Vadapole IS WAS DECEASED EVER IN U.S. ARMED FORCES? 1 Address 2701 R Street S.E. (Yes, no. or unkown) ((ffyesgive werordates of service) Mr. Ferdiand W. Lange. Wash. D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (+) **DUE TO** Coronary arteriosclerosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) factory, street, office b.dg., etc.) While Not While please execute 'A certificate, a should be forwarded to the 'D FUNERAL DIRECTOR: P. its designate. at work . at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry X and in my opinion death resulted from: Accident 1 Sulcide -Homicide Undetermined manner Natural causes 1 CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, lown, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. 4 O b 24a. REC'D BY REGISTRAR VS. A15ME 5M 7/59

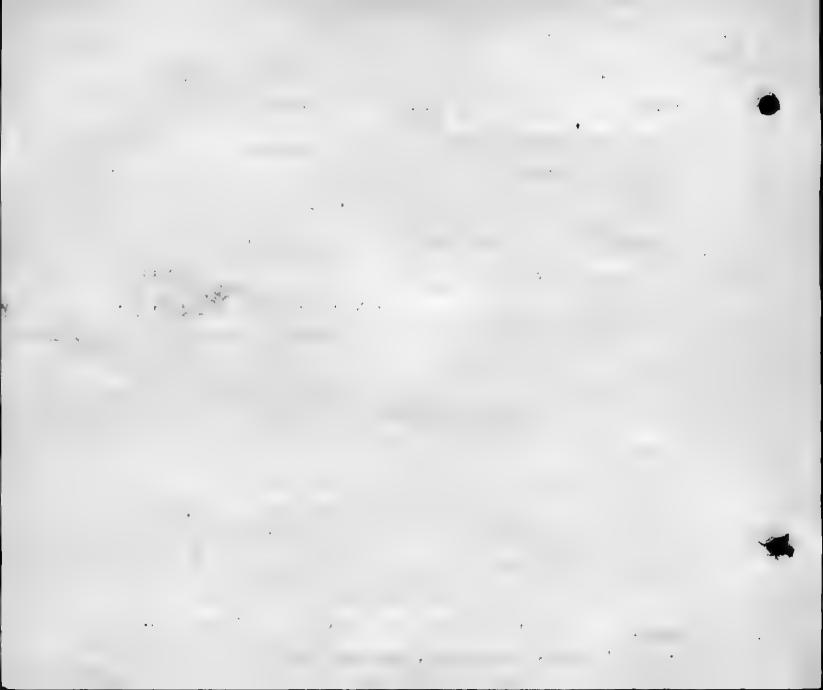


MARYLAND STATE DEPOSIT



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) . COUNTY rince. George a. STATE Mary land **b.** COUNTY the H 2 death. MARYLAND Prince George b. CITY OR TOWN (if outs de corporate imits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I m to write RURAL and give nearest town) Charles Burk and give neerest town) Cheverly 10 Hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George General Hospital 3106 Parkway YES NO V 3. NAME OF Midd e 4. DATE DECEASED OF Margaret (Type or print) DEATH and cor 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Apr. 20. 1885 Months Devs Hours White Femal WIDOWED [DIVORCED physician 10a. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SA Maryland Housewife own home 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME ⊆ attending and Herbic Thomas P Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT Then I Address (Yes, no, or unkown) | (If yes give war or dates of service) physician. Cheverly, Md. Benjamin R Lemke 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) Conditions, if eny, which gava r'se lo immediate cause (a), stating the undarlying NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS PERFORMED? NO use prior 8 CERTIFI 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) After this ce stached for u (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. OR: Apr. 20 19.61 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .19...., and that death occurred at 5:30 Arom the causes and on the date stated above, saw the deceased alive on 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. M.D. HOSPITAL eath. Page 4 FUNERAL irector, page 3 e filed with the 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) 238, BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR THE WAY OF Y 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Arlington Va. & FOFO Arlington National Burial
24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 200 2 4 '61 CINTUM S. Thanks ADDRESS VR A15 (4) Gasch's Sons , Hyatts 15M 9/60 ville, Maryland

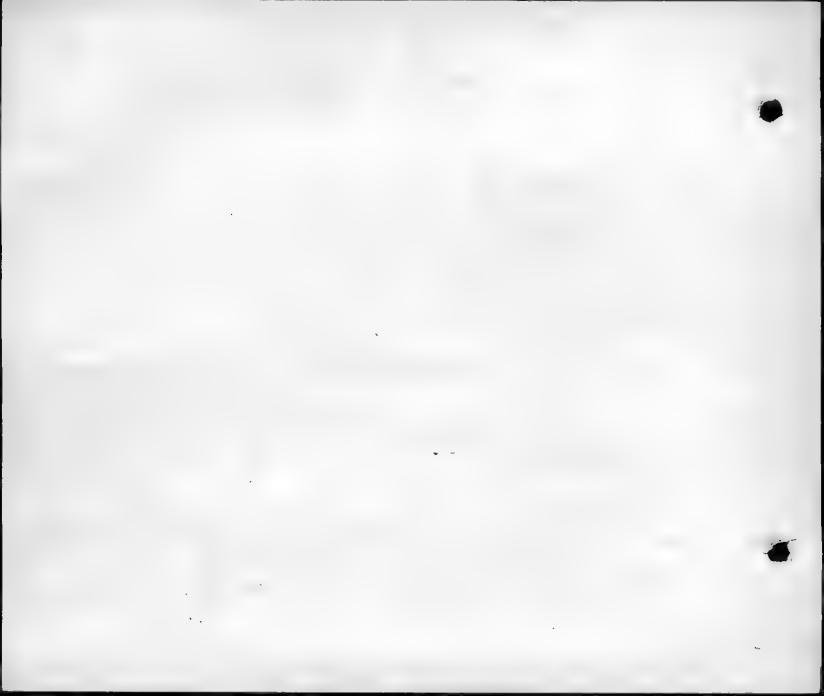
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH . PRESTON STREET, BALTIMORE 1, MARYLAND OF tems 8 & 9 Film 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata decrased I ved. If institution: Residence before a. COUNTY Prince Georges b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Glenn Dale (RURAL) 1 mo, 5 days Washington d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Glenn Dale Hospital - 18th YES NO -3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH Benjamin Levine 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers (IF UNDER TYEAR last bighdey) Months Male WIDOWED | DIVORCED physician 10a USLAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if ratired) New York, New York Retired salesman Trading Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending William N. Levine Bessie Mallomsky and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or detes of sarvice). Decedent the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congestive heart failure IMMEDIATE CAUSE (e) Acute myocardial infarction, left ventricle days Conditions, fany, which peen gave rise to immediate cause **DUE TO** (a), steling the underlying Severe atherosclerotic coronary artery disease parti other significant conditions contributing to beath out not retained to the trains, pusease condition given in the particular of the 19. WAS ALTOPSY PERFORMED? NO use 208. ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of Item 18.) etached for OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) _Not While Hour a.m. et work at work1961..., and that death occurred at D. AM, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE SIGNED DIRECTOR TO PHYS. PHYS. 26/61 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Glenn Dale Hospital, Glenn Dale, Md. Moe Weiss 236. BURIALA CREMATION, | 236. DATE THEREOF 23d. COCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) S. 258. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circles & 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, iled with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed **b.** COUNTY 70 b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) PIRAL and give nearest town within 24 hours ofter d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE the sho OR INSTITUTION ON A FARM? 50 YES TI NOW .≘ NAME OF 4. DATE OF Middle Month Doy Year filled DECEASED death. ages (Type or print) DEATH 1964 WIS 9. AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH completely lost b rindoy) Months Dovs Hours WIDOWED [DIVORCED [papers. 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? DUFS during glost of working life, even if retired) USEWI MESTIC and 13. FATHER'S' NAME 4. MOTHER'S MAIDEN NAME 17 INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO attending please INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND/DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IO **DUE TO** þ Conditions, if ony, which permit ſЫ gned gove rise to immediate DUE TO cause (a), stating the underhas been si lying couse lost burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18) certificate MEDIC AL 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bidg , etc.) Hour o m. While Not while at work p. m. at work 21 | certify that (1) (this hospital) attended the deceased fram___ 19_ €_, that (i) (we) last saw the deceased alive and - and that death accurred at 2 A, from the causes and an the date stated above. 22a S GNATURE 22b DATE SIGNED ATTENDING STAFF MED jo FUNERAL DIREC DIRECTOR -M.D. 3 shauld be Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type page 3 sh the State | BURIAL, CREMATION, 236 DATE THEREOF (State) REMOVAL (Specify 0 ADDRESS **FUNERAL DIRECTOR'S SIGNATURE** 25a, REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 1 VR A15 (4) DATE 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH



VS. ATSME 5M 7/59

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F	0	R	SI B-	[A	TI EF
essary,	I d Ir. Page	th form PM3. Page 5 may be retained for your frees.	P OFFER	✓	
This certificate should be emecuted within 24 hours after death. If any delay is any	ing" in pencil in Item 18. Give Pages 1, 2, and 3 to the funera	form PM3. Page 5 may	if. File pages 1 and 2 w	event within 72 hades	
salould be emacuted w	ing" in pencil in flem 18	ir's Office along with	s a burial-transit permi	remation, or removal, and in any event within 72	,
MINER: This certificant	vriting the word "pendin	Chief Medical Examine	age 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar	to buriel, cremation, or	,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11 4 0 12 h

		19004
٠	1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
	Prince George's MARYLAND	* STATE North Carolina b. courson
	b. CITY OR TOWN (if outside corporate familis, c. LENGTH OF STAY IN 16 write RURAL and give neares) fown	c. C.TY OR TOWN (If outside corporate limits, write RURAL end, give nearest town)
4	T. B. D.O.A.	Maxton
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
Y	Dobson Clinic	Route # 1
-	3. NAME OF First Middle	Last 4. DRTE Month Day Year
		cklear DEATH April 1. 1961
M	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF STREET
Л	Male Red w.bowed Divorced	April 16, 1927 33 birthday) Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. K.ND OF BUSINESS OR NOUSTR'	Y 11. B RTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY?
	Soldier U. S. Army	North Carolina U. S. A.
	13. FATHER'S NAME	North Carolina U. S. A.
- 1	Oscar Locklear	Rita Rettie McGirt
- 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 12	NFORMANT Address
	(Yes, no. or unkown) ((Lyesg've we sordates of service) 246-24-6071 U	J. S. Army Records
i	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE	AND SHOCK ONSET AND DEATH
	7 1 A A DUE TO	
	Conditions, if any, which) (OCINSHOT WE	WILL CE CHEST
	geve rise to immediate cause	
	(a), staling the underlying but to cause lest.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
-		inter nature of injury in Part I or Part II of Item 18.)
	20s. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING Shot during an al	
		CE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State)
	Mhile Not While	ory, street, office bldg., etc.)
		ic Park Brandywine P. G. Md.
	21. I certify that I took charge of the remains described above, he	
Ц	death resulted from Natural causes [], Accident [], Suici	
	ACTUAL	CHIEF MEDICAL EXAMINER
	SIGNATURE CONTRACTOR	M.D. ASSISTANT MEDICAL EXAMINER 4/1/61
	EXAMINER'S James I. Boyd	7 - 7
	22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country) (State)
	Bir AL TARR. 1961	Maximu No Cap
	23. FUNERAL D.RECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	RIVALDI FUNERAL HOME 816 HST. N.E.	& 2 DATE APR 1 0 '61 Chilling S. Hans
	NINHLOI /VOIENHL MOME O/O. TJ. N.E.	ACK DATE APR 10'61 Civiling S. Thomas



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
	1673 France Leavis CERTIFICATE OF DEATH	Reg. Dist. No. () 4665
Page 4	1. PLACE OF DEATH o. COUNTY AVA//S VII/C MARYLAND 2 USUAL RESIDENCE (Where deceased lived If ins o. STATE MARYLAND b COU	
and death	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If gotside corporate limits, wr FURAL and give negrest fown)	Mar.
by the	A NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5608-ELBERTON, PL. 5608-ELBERTON PL	e IS RESIDENCE ON A FARM? YES NO
24 ho	3. NAME OF First Middle Lost 4. DATE OF OF DEATH IT	Month Day Year 1961
within etely fi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH FINALE WILLIAM DIVORCED DIVORCED No. 1. 10 1951 1951 1951 1951 1951 1951 1951 1	egrs IF UNDER 1 YEAR IF UNDER 24 HRS
cecuted complement poperation	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (stole or foreign country) during most of working life, even if retired)	12 CITIZEN OF WHAT COUNTRY?
cian and carban s after d	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 CERTIFICATION 16 MOTHER'S MAIDEN NAME 17 CERTIFICATION 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME	1.
Physical Phy	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT [Ves no or unbjoyal] Iff yes, give mor or doles of service)	Address 7N 5608-ELBERTON
death ce llending please r vithin 72	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
the a hen	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO	3 days
ed by Il	Conditions, if ony, which gove rise to immediate DUE TO	الانامورو
r requi	lying couse last. (c)	
The law g physic has be rial-tro maval,	THE STATE OF THE S	PERFORMED? YES NO D
JAN: Tending ificate the bu	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
PHYSIC al ar at his cert use as emotion	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of twork of twork of twork of two or two	(County) (State)
DING hospite After bed for rial, cre		(a),,that I last saw the deceased
ATTEN Codeloc To bu	ACTUAL ACTUAL S - S - S - S - S - S - S - S - S - S	
retained RAL DIRE should be strar prio	SIGNATURE M.D. SOMMIN M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	C. 4.19.6
A SHO.D	220. BURIAL, CREMATION, 22b DATE SHEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, to	own, or county) (Stote)
5 E 5 0 #	7/2/61 Kile of Huaven Menlam	ery Genty 1 MSC 1 REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57	H. H. Mallengly 131-112h St. S. 2. DATE APR 21 61	Urilling of Harris



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission REALTH DEPT I. PLACE OF DEATH Prince George's files. Health, e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town! ö Beltsville Beltsville Board or death. If any delay is and 3 to the funeral di ò d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 😓 State Ammendale Road Ammendale Road death. 3. NAME OF 4. DATE Yeer Month DECEASED OF (Type or print) DEATH Charles Virgil with 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED and 2 w last birthday) MALE WIDOWED T DIVORCED May 19th. 10a. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Раде done during most of working life, even if retired) Amer. Resur. Bureau U.S.A. Watchman Oaklahoma pages within P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Juluis Loy Mary C. Sturtz £ 15 WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17, INFORMANT Address Beltsville, Md. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 4450 Ammendale Rd. Mrs. Mary C. Hurley 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH Office along burial-fransit PART I. DEATH WAS CAUSED BY: Asphyxia and shock IMMEDIATE CAUSE (e) DUE TO 'emoval, Occupant of a burning building Conditions, If eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) PERFORMED? writing the word ' e Chief Medical Ex Page 3 should be t NO -200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial, burning building 20f. (City or town) 20c. TIME OF INJURY (State) fectory, street, office bldg., etc.) While Not While el work el work 19 67 Home Ammendal e 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion should be forwarded FUNERAL DIRECT Suicide Homicide Undetermined manner death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE April 16th, 1961 DERUTY MEDICAL EXAMINER EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or country) 40 8 24e. REC'D BY REGISTRAR I VS. A15ME 5M 7/59

LARYLAND STATE DEPARTMENT OF HEALTH

† f popular of filter 1.11 1.0

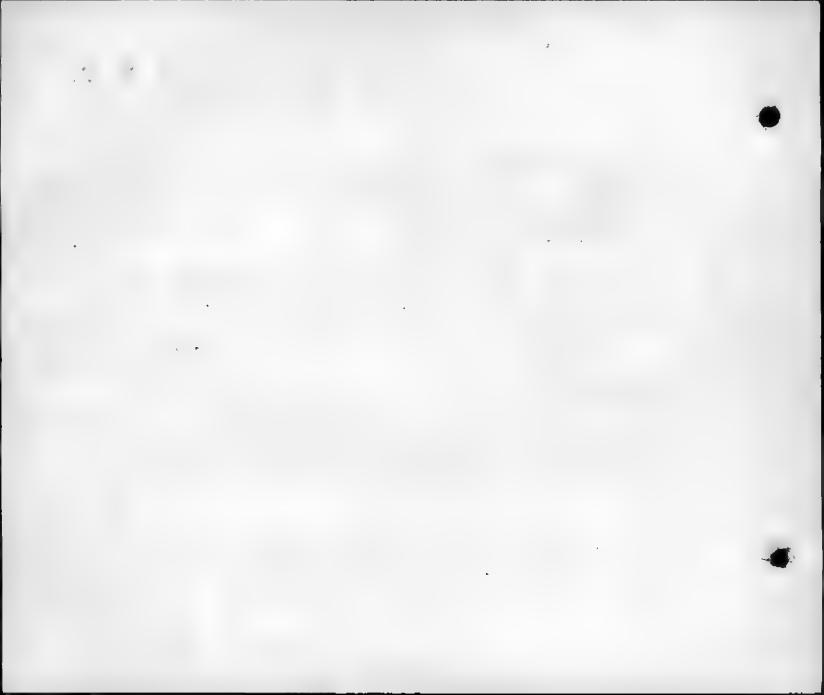
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4681

04667

	1. F	LACE OF DEATH S. COUNTY Prince	Georges		MARYLAND	2. USUAL RESIDER 0. STATE Maryl		d lived. If institution b. COUNTY	i: Residence be	efore admission)
	ŧ	CITY OR TOWN RURAL and give Riverd		ts, write	c. LENGTH OF STAY IN 16		wn (If autside corpo	orate limits, write RU	RAL and give i	nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION					d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM?
		Eugene	Leland Mem	orial	<u> Hospital</u>	1900	Berwyn Ro	ad		YES NO N
		NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Manth	1	Day or
		(Type or print)	Em	mett	(Quinby)	Mak	inson DEATH	Apr.		14 961
	5. S	EX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years lost birthday)		AR IF JNDER 24 HRS
		Male	White	WIDOW	ED DIVORCED	5-24-87		73 yrs.	Months Day	rs Haurs Min.
	10a	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	Jane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign o	country)	12, CITIZEN	OF WHAT COUNTRY?
		Retired	Potterer		hina Industry	Ohio			U.S	5. A.
	13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			
		Thomas	Mackinson			Marv	Frazer Vo	oritees		
/		WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. II	NFORMANT		Addre	35	
		nknown	(If yes, give wor or dates of s Unknown	25	84-05-6099 DE	ughter -	Helen Wei	mer - Sam	e addre	255
	i		ATH Enter any one co	use per li			À	0		NTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY: To yourse, All Mally and Onser and Death								
		IMMEDIATE CAUSE (a)								
		Condition & any which								
		gave rise to	immediate		7					
	cause (a), stating the under-									
	z	lying cause lost	, 10	1	CONTRIBUTING TO DEATH BUT	NOT BE ATED TO T	WETERAMAIAI O CEA	E COMPITIONI CIVE	ALINI PART I/o	10 WAS ALITOPSY
	JIOIT.	All II. O	LA AL A	UITIONS	D & ROA .	- Secolo 10 11	HE LERMINAL DI SEA:	SE CONDITION GIVE	N IN PART I(O	PERFORMED?
	2	VES NO								
	L CERTIFICATION	OR CONTRIBUTIN	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of (njury in Port For Pa	rr II ar Hem 18)		
	MEDICAL	20c. TIME OF INJE	IRY Month, Day, Ye			ACE OF INJURY (Ho		y or town)	(Caun	ty) (State)
	MED	Hour a.m	19	While at war	INON WIND		ragi, siei,	,		
		2) I certify th	ot (I) (this hospital	_otten	ded the deceosed from,	4/9	1601 to	4/14	1901	that (I) (we) lost
		saw the dece	11	13		death accurred	at TAN from	the causes and	,	ate stated obave.
		220 SIGNATURE	111	*	A GITO HIGH	Jeant decorred	1	THE EUROSCO ONC	1 0/11 1110 010	, 226 DATE
		///	1 I-tue	سر	, e	M D PHYS	MED.	STAFF PHYS		4/14908
		22c PHYSICIAN'6 NAME (Type)	WL	ET	T'ENNE	22d ADDRESS	rolle	as Na	45	Md
				/	, , , , ,			#		4
	23a	BUR AL, CREMATI PREMOVAL*(Spect	april 17	1961	Grandviel	v Cerme	tery Sei	TUNG,	Ohio	(State)
	24	FUNERAL DIRECTO	R'S SIGNATURE	0	Aporess 1 1	M -1 2	50 RECIDEBY-REGIS		TRAR'S SIGNA	
	6	v.w.ch	ambers	001	Viverdale	1801091	MIT) I	Ch	Chur S. Th	roug

VR A15 (4) 1SM II/59



	MARY DIVISION OF STATISTICAL RESEA	LAND STATE DEPARCH AND RECORDS, 3	ARTMENT OF HE	ALTH	MARYLAND
	4682	CERTIFICATE	OF DEATH		04668
]	PLACE OF DEATH a. COUNTY Prince George b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hos Prince George's General NAME OF	c. LENGTH OF STAY IN 16 8 days pital, give street eddress)	Maryland c. CITY OR TOWN (If outs d	b. COUNTY Prince corporate I mrts, write RURAL Alls Ave. Md. Md.	George
5. 10.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIE Female White WIDOWE	Ma. D NEVER MARRIED B. D D D DIVORCED D IND OF BUSINESS OR INDUSTRY	BATE OF B.RTH 81888 11 BRTHPIATE (COUNTY & STO	9. AGE (In years IF UND) Jast birthdey Months 72 yrs, ste, or lore an country) 12.	22 1961 ER 1 ŶEAR ÎF ÜNDER 24 HRS.
15 (Y	WAS DECEASED EVER IN L.S. ARMED FORCES? 16. 18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	- m	no Howard.	Sich 37 6 4	Ingrela INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	Conditions, if eny, which gave rise to immediate ceuse (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING [1] CAUSE OF DEATH	vebral and the strong to death but not to the strong to death but not to the strong to death but not to the strong to death but not to the strong to the str	ti	Dured SEASE CONDITION GIVEN IN P. T Part II of Item 18.)	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 2Dd. Hour e.m., 19 et wor 21. certify that (I) (this hospital) et an saw the deceased alive on. 222c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t al work	onl195)	from the causes and o	(State) 196/L, that (I) (we) last n the date stated above. 22b. DATE SIGNED ATTSVILLE M.
23	BURIAL, CREMATION, 23b. DATE THEREOF #100VAL (Specify) 4-25-61	23c. NAME OF TEMETERY OR	CREMATORY 23d.	PCATION (C ty, fown or co	ele la
_	Deal Frenend Has	6 4812 Haa	THE DAY! APR ?		S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I vad if institution: Residence before admission) . COUNTY Prince George's Page Health, files. MARYLAND b. CITY OR TOWN (I outs de corporeta limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporeta limits, write RURAL and giva naarest town) write, RURAL end give nearest town) Cheverly Melwood Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS a. IS RES.DENCE ON A FARM? George's General Hospital YES NO T State Dower House NAME OF M ddla 4. DATE DECEASED OF (Type or print) Eaude. DEATH Warshall 6. COLOR OR RACE 7. MARRIED TO THE MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 8. DATE OF BIRTH lest birthdey) | Months | Deys and 2 hours Female Coloredwipower DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Domestic House within Maryland U. S. A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Imily Fleet - E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give werordetes of service) Phillip Marshall. INTERVAL BETWEEN Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which Coronary artery disease gava rise to immadiata causa **DUF TO** (e), stelling the underlying PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8, 19, WAS AUTOPSY PERFORMED? Diabetes NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 2De. TIME OF INJRY 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 2Df. (City or lown) (County) (Steta) fectory, street, office bldg., etc.) Not While Whila et work Inspection ___ 21 I certify that I took charge of the remains described above, held an Autopsy [and in my opinion DIRECTO X X Accident Suicide death resulted from. Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forware FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLTY MEDICAL EXAMINER IX DEPUTY EXAMINER'S Boyd James NAME (Type) Address (Streat, c'ty, town, or county) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 St. Lukes Methodist Church 0 4/8/ Burial Melwood, Maryland UNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

30 H Street. N.E.

DATE APR 1 0 '61

Circhur S. Kines

VS. A15ME 5M 7/59



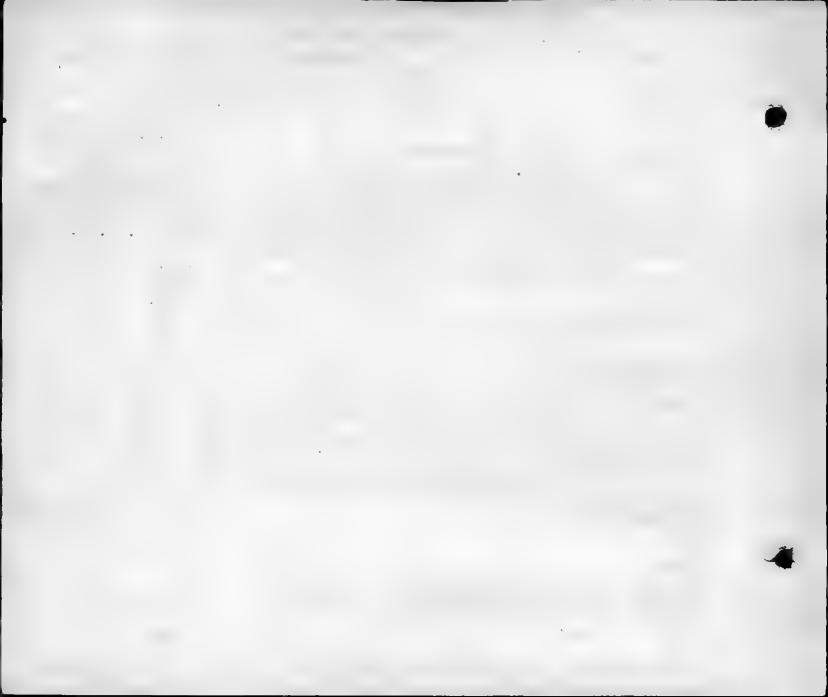
-	4684 CERTIFICATE OF DEATH Reg. Dist. No. ()467()
M	1. PLACE OF DEATH a. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
IVI	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington, D.C. Town (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
	d NAME Of HOSPITAL (If not in hospital, give street oddress) OF INSUTUTION SUITTAND Numsing Home d STREET ADDRESS 3346 Erie Street S. E. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Ella F. Middle Martin OF April 4th 19 61
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lat girthday) Months Doys Hours Min.
	100 USUAL OCCUPATION [Give kind of work done abring most of working of work done abring most of working life, even if relired) 10 Se A.
)	Isaac Barlup 14. MOTHER'S MAIDEN NAME Anna M. E. Izer
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address [If year, give wor or dottes of service] Lula Wyman 3346 Erie St S.E. Wash, D.C.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which)
	gove rise to immediate couse (o), stating the under lying cause lost. (b) DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED YES NO
	20a ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m 19 While Not while of work of work of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
	21. I certify that I attended the deceased from 2 cc 17, 1966, ta Cift to 4, 1966, that I last sow the deceased olive on Cift to 3, 1966, and that death occurred at 12.581 M, from the couses and an the date stated above. ACTUAL SIGNATURE IGNATURE ACTUAL SIGNATURE SIG
	PHYSICIAN'S LYGENE (O/E
	220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) BUTIAL 22c NAME OF CEMETERY OR CREMATORY St Pauls Clearspring Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
4	B. G. Mattingly 131-112h St. S. S. DATE IPE 6 '61 Cum S. Krous

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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	MAKILAND SIATE DEPARIMENT OF REALTH—BALTIMOKE, 18				
-	4685	CERTIFICATE OF DE	ATH Reg. Dist. No() 4671		
-	PLACE OF DEATH G. COUNTY Pr. Geo,	MARYLAND 2 USUAL RESIDEN	CE (Where deceased lived It institution: Residence before admission) b. COUNTY Pr. Seo.		
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Temple Hill	c. LENGTH OF STAY IN 16 c. CITY OR TOV	N (If autside corporate limits, write RURAL and give nearest tawn) Temple Hells		
	d. NAME OF HOSPITAL/III not in haspital, give street a OR INSTITUTION 5081-Temp	de Hill Rd 508	1-Temple Hill Rd YES NO NO HERM?		
	3. NAME OF First (Type or print)	Kibler May	4. DATE Manth Day Year OF DEATH PARTY 19 61		
	5. SEX 6. COLOR OR RACE 7. MARRI		9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min		
	10a USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if relifed)	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	(State or foreign country) 12 CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME JOSEPH Cu	llers CAT	GERINE T. Rodgers		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no or unknown) Iff yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT Julia K.	HARTLEY 5081- Temple Hill &		
	18. CAUSE OF DEATH [Enter only one couse per lime PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e far (a), (b), and (c).]	Interval setween onset and death		
	Conditions, if any, which (b)	e enemalized B	wtever cea.		
	gave rise to immediate couse (a), stating the <u>under-lying</u> cause last.	Semilitin.			
	PART II OTHER SIGNIFICANT CONDITIONS CO		ETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	20%. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. [Enter nature of in	ury in Part 1 ar Part II of item 18.†		
	20c. TIME OF INJURY Month, Day, Year 20d. IN While at work	Not while tactory, street, affice blo	se, form, 20f (City or town) (County) (State)		
	21. I certify that I attended the decease		17 / 120, 19 6 that I last saw the deceased		
	ACTUAL RESIDENCE A TO	A. MD 355	ADDRESS (Street, city or town, state) DATE SIGNED		
	PHYSICIAN'S R=12117AD	RATZEN M	012-18, 0.0.		
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL [Special] 4-24-61	220 NAME OF CEMETERY OR CREMATORY Proshed Hill	22d. LOCATION (City, town, or county) (State)		
	23. FUNERAL DIRECTOR'S SIGNATURE PLEMMUN PASS 166	ADDRESS Hope PASC 24	TE APR 2 1 '61 Carling S. France		
1			1 2, 10, 10,		

. . Y 'n 1 Liv.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL BESIDENCE (Where decessed I'ved, If Institution: Residence before admission) a. COUNTY b. COUNT Prince George's Page Health, Prince George's Marvland MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c, CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town)
Cheverly D.O.A. Oxon Rom Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2515 Southern Avenue Prince George's General Hospital YES NO XX DATE Middle Year DECEASED OF (Type or orint) Donnia Friward McChesney DEATH 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH 19. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) and Male WIDOWED [DIVORCED December yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sible or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired District of Columbia None None U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D 3 Ronald Edward McChesney Patricia Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordales of service) along with the francil permit and in any No Ronald E. McChesney, same as # 18. CAUSE OF DEATH linter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Toxemia IMMEDIATE CAUSE (e) Office **DUE TO** Gasteroenteritis Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0) 19. WAS AUTOPSY PERFORMED? writing the word ' to Chief Medical Ex Page 3 should be to NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of flom 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) While Not While the R at work et work should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😓 Inquiry and in my opinion Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Anril 1961 EXAMINER'S ames I. Bovd NAME (Typé) Address (Street, city, lown, or county) 220. BURIAL CREMATION 226 DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) HURIAL 40 23 FUNERAL DIRECTOS VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

FUR STATE HEALTH DEPT. or files. TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral distributed be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY Prince George's MARYLAND STATE Naryland Pri	Residence before admission)				
	nge Goongol				
b. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town) MARYLAND LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporete limits, write RURAL en	id give neerest town)				
Silver Hill Transient Glassmanor					
d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS	e. IS RESIDENCE				
3301 Naylor Road S.E. 3034 Neptune Av	Ce YES NO Z				
3. NAME OF First Middle Lest 14, DATE Month OF	Dey Ymer				
(Type or punit) Fred Knapp McDermott DEATH April 29	1961				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HE UNDER)					
White WIDOWED D. VORCED May 1, 1911 (ss brithday) Months	Deys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CIT	TIZEN OF WHAT COUNTRY?				
dors during most of working life, even if ret red Construction Pennsylvania U	. S.A				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Florence Knapp					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT	•				
(Yes, an or unkown) (Ifyesgive werordetes of service) John F. McDermott					
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
MAMEDIATE CAUSE (6) ASPINALE					
7/3 DUETO					
geve rise to immediate cause (b) Aute-carbon Monoxide poisoning					
(e), steting the underlying DUETO					
cause lest. (c)					
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?				
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ROD G hogo from the cash care of contributions	YES NO TAL				
20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY G or CONTRIBUTING Ran a hose from the exhaust of car into	200				
Tall a mose from the exhaust of car into					
20c. TIME OF INJURY Month, Dey, Yeer 20d. NJURY OCCURRED 20e. PLACE OF NJURY (Home, ferm, 20f. (City or lown) (Country and 10t) (Country a	unly) (State)				
Parking lot Silver Hill	P. G. IId.				
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my opinion				
death resulted from: Natural causes, Accident, Suicide Homicide, Undetermined manner]				
CHIEF MEDICAL EXAMINER					
ACTUAL M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
DEPUTY MEDICAL EXAMINER 4/20/67					
NAME (Type) James I. Boyd Address (Street, city, lown, or county)					
NAME (Type) Jemes I. Boyd 22d BURIAL, CREMATION (22b. DATE THEREOF 22c. NAME OF CEMETERN OF CREMATORY 22d. UCCATION (City, town, or separtry)	(Stote)				
NAME (Type) James I. Boyd Address (Street, city, town, or county)	Ind (State)				
NAME (Type) Jemes I. Boyd 222 BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. DOCAT, ON City, town, or country REMOVAL (Specify) 23. FUNERAL DIRECTOR Address (Street, city, lown, or country) 22d. DOCAT, ON City, town, or country 22d. DOCAT, ON CITY, to	md				

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN lif outside corporate in E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest/lown write RURAL and give represt town e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES ON A FARM? YES NO V NAME OF Middle DATE Yeer DECEASED OF (Type or print) DEATH 4 19 6 carbon 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED and Months Devs Hours WIDOWED physician 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? or foreign country done duping most of working life, even if retired) 13. FATHER'S ANAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17 INFORMAN Address (Yas, no, or unkown) i (Ifyesgivewerordelesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, 't eny, which gave rise to immediate sause DUE TO la), sleling the underlying ceuse lest. WAS AUTOPSY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL PERFORMED? NO [200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert 11 of 'tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hoffie, farm, (State) 20c. TIME OF INJURY Month, Dev. Yeer (County) factory, street, office bldg., etc.) Not-While While at work at work 7.4..., 19 6 , that (I) (we) last 21. I certify that (I) (this hospitary) attended the deceased from and that death occured at 12. M. from the causes and on the date stated above. saw the deceased alive on....... Ä 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MAED STAFF DIRECTOR PHYS. PHYS. M.D FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, g 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county (Spěcify) REGISTRAR . 25b. REGISTRAR'S SIGNATURE 24 FÜNERAL DIRECTOR'S VR A15 [4] arthur S. Kings 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

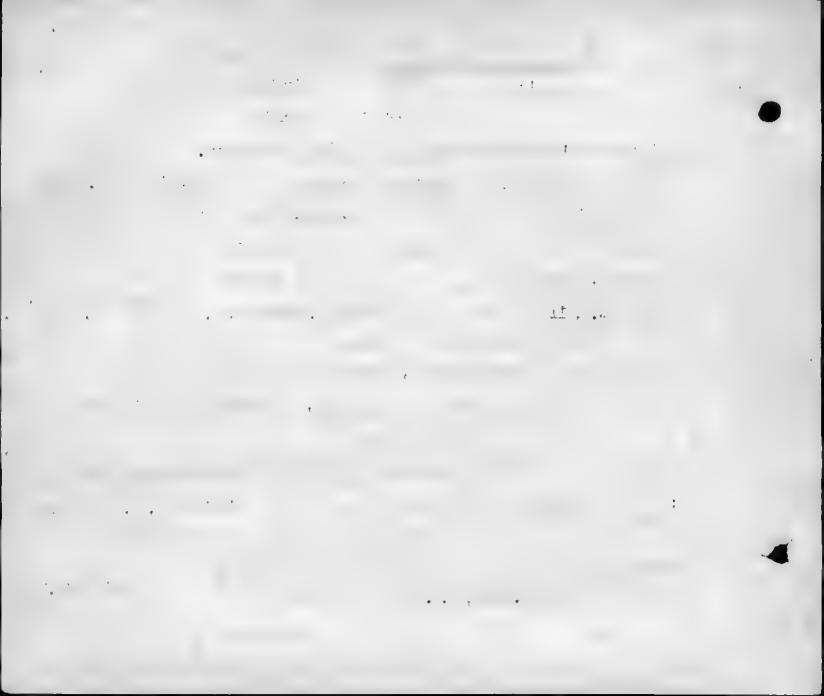


#1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14676
thin 24 hours after lied the funeral ages rand 2 should safter death		PLACE OF DEATH E. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate I mils, write RURAL and give neerest town) Clenn Dale (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to . g ve street address) 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission, a. STATE b. COUNTY C. LENGTH OF STAY IN 1b 2 months and Washington d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS
certificate be executed with physician and completely fille remove carbon papers. Pagany event, within 72 hours.	-	Glenn Dale Hospital Name of DecaseD (Type or print) Sex 6. COLOR OR RACE 7. MARRIED SPARATED WIDOWED 9/11/1888 Male Negro WIDOWED 9/11/1888 OBJECT OF DEATH 1 17 19 61
equires that the death ce physician, aned by the attending ph s'f permit. Then please in on, or removal, and in at		Fread McGes 5. Was deceased ever in u.s. armed forces? 16. social security no 17. Informant Yes, no, or unknown) (lifyes give were or deleased service) No 219-01-5100 Decedent 18. Cause of Death [Enfer only one ceuse per line for (e), (b), end (c). PART I. Death Was Caused 89: Immediate cause (e) Anaplastic carcinoma of left lung with metastases Due to liver and adrenals
C PHYSICIAN: The law sy the hospital or attending at this certificate has been stred for use as the burial-transallth prior to burial, cremat	NOTA CALLAND	
HOSPITAL OR ATTENDING III. Page 4 (The state of the s	Hour a.m. p.m. 19 While et work Start Signature Signatur
T Q Genty. P LOSI	1	30. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) PURIAT Harmony Address Address 1250. REGISTRAR'S SIGNATURE 1250. RE



01 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decased lived, if institution, Rasidanca before admission) 1. PLACE OF DEATH n. COUNTY b. COUNTY files. Prince George's MARYLAND Virgina
c. CITY OR TOWN is cutside corporata I mits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Dead on arrival Norfolk funeral d 6. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) d. STREET ADDRESS ON A FARM? State Prince George's General 1116 Aragona Blvd YES NO Month DECEASED OF DEATH (Typa or print) 9. AGE (In yaars IF UNDER I YEAR 7. MARRIED NEVER MARRIED last birthday) Months | Days , Hours DIVORCED Male WIDOWED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 B.RTHPLACE (State or foreign country) Office along with form PM3. Page burial-transit permit. File pages I an loval, and in any event within 72 dona during most of working life, even if ratirad) USIA North Carolina Realtor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude Roscoe D. McMillan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Red Sprin (Yes, no, or unkown) | (If yasgive werordatasofservica) Roscoe D. McMillan.Jr 18. CAUSE OF DEATH [this only one cause par line for (e), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Remorrhage and shock **DUE TO** Crushed chest, fracture of the skull (6) gava rise to immadiate cause DUE TO (a), steting the underlying Fracture of both ankles, compound fracture of left leg causa lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO T YES 🗍 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Part I of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO DE CONTRIBUTING CAUSE OF DEATH. Chief Me age 3 sho to burial, Driver of an automobile that was in an head on collision 20d. INJURY OCCURRED : ,20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) fectory, street, office bldg., etc.) Not While at work Muirdir Inspection X Inquiry should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Surcide Homicide Undetermined manner Natural causes Accidentity CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER IX April 28th.1961 EXAMINERS JAMES I. BOYD. M.D. NAME (Typa) Address (Streat, city, fown, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or country) 40 6 ark A15ME 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4592 PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission) a. COUNTY Prince Georges County Maryland MARYLAND b. CITY OR TOWN (if pulside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest lown) Riverdale Hyattsville Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ō and 3 to the funeral retained fine State Bo Leland Memorial Hospital Stanford Street 3. NAME OF DATE Middla DECEASED OF the [Typa or print] CATHERINE **ELIZABEUH** DEATH WILLIAMS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. rege 5 m. Tand 2 w. last birthday) Female VIDOWED [DIVORCED De**ce**mber 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed within 24 hours and certificate should be executed as a second certificate should dona during most of working life, even if retired) Housewife Own Home Maryland pages Office along with form PM3. burial-transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Dillman Mary Dwyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) (If yes give we rordates of service) John McWilliams, same as Yes. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which Cardiovascular renal disease gave rise to immediate cause DUE TO (a), steting the underlying causa last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY plnous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or fown) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. should be forwarded to the FUNERAL DIRECTOR: Pa et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X death resulted from: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER [7] designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

BOYD, M.D.

22c, NAME OF CEMETERY OR CREMATORY

Riverdale, Maryland, DATE APR 2 7 '61

Prince Georges

Months

Yrs.

Address

DEPUTY MEDICAL EXAMINER

And ington National Genetic By REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Address (Streat, city, town, or county)

22d, LOCATION (City, town, or country)

Arlington, Virginia,

a. IS RESIDENCE

YES NO IX

Year

19

12, CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO F

and in my opinion

DATE SIGNED

U. S. A.

(County)

arthur & France

ON A FARM?

VS. A15ME 5M 7/59

40 6

EXAMINER'S

228. BURIAL, CREMATION

REMOVAL (Specify)

W. W. CHAMBERS CO.

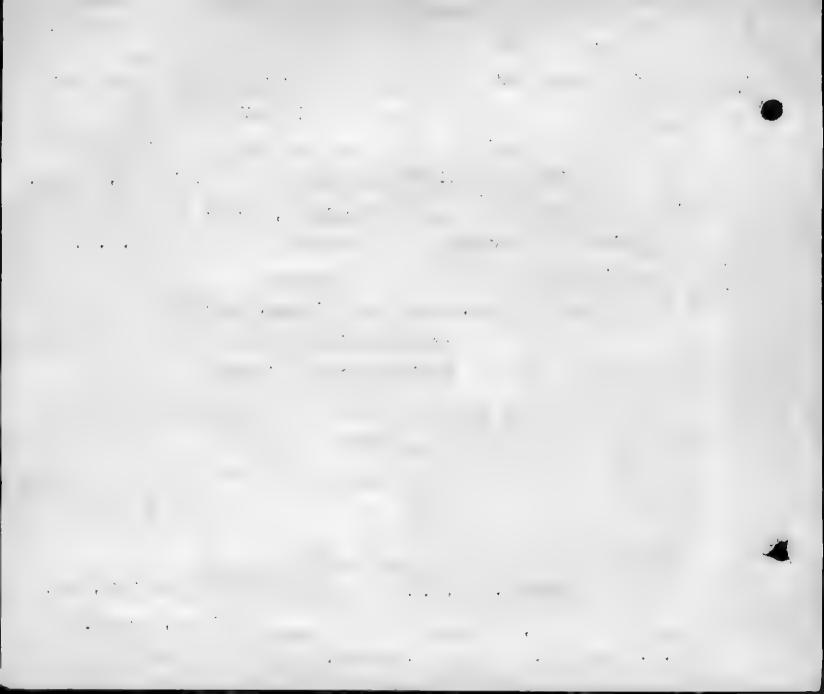
225. DATE THEREOF

28, 1961

NAME (Type)

Burial

23. FUNERAL D RECTOR



DIVISION OF STATISTICAL RES			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND
The	1		693 CERTIFICATE OF DEATH 94679
ould I	VI)		PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution; Rasidence before admission)
urs e fu 2 sh			PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES
t ho			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
dir.	121	1	Clinton 37 years WASHINGTON 23 DC
withi Filled Page Lrs a	101	1	MULTHERN MARY AND HOLPITAL CENTER 5611 PERRIE LANG SE. ONA FARM?
ed rely rers.		ã.	NAME OF First Middle Last 4. DATE Month Day Year
mple pap			DECEASED (Type or print) LEMUEL & MECKLEY DEATH 4 24 1961
o o o			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
te b car		'	MITTO WIDOWED DIVORCED 3-2/-01 54 yrs.
iffica sicial nove		do	S. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR INDUSTRY II BRITHPLACE COUNTRY State, or Idresian country) 12. CITIZEN OF WHAT COUNTRY PRINCE GEORGE THE PLAN NING PRINCE GEORGE THE PLAN NING PRINCE AN .
phy:	I	1	FATHER'S NAME FATHER'S NAME FATHER'S NAME FATHER'S NAME FATHER'S NAME
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ne de Hendi en pl			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address as, no, or unknown) [(lives give war or dates of service)
he a he a Th			Who am - YES - PEACE TIME 578 24-9402 (HOSpilal Chart.) BERNICE D MECKLEY-WIFE. #Z
es the cian. by the remit.			18. CAUSE OF DEATH [Entar only one cause per line for [3], [b], and (c)] PART I. DEATH WAS CAUSED BY:
duir hysi ned if pe			IMMEDIATE CAUSE (a)
w rw			Conditions, if any, which (b) Wilerepiclerotie Nesens gdy
he la endil beer rrial-l			gave rise to immediate cause (a), stating the underlying DUE TO
r att has bas o bu			causa last. (c)
IAN tal o cate as th		NOL	PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED?
SIC lospi ertifi use use	_	FICA	YES NO
PHY the halls ce for t		CERT	OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
VG by ther thered		CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
And And And And And And And And And And		MEDI	Hour e.m. While Not While at work 19 at work at work
TER reta Con Dept			21. 1 certify that (I) (this hospital) attended the deceased from
Seld Seld Seld Seld Seld Seld Seld Seld			saw the deceased alive on
G E C E			228. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. JUNE 10 1 1 1 1 1 1 1 1 1
LAL AL AL Th	f		22c. PHYSICIAN'S 22d. ADDRESS
OSPI Page UNER cfor, pi	/		NAME (Type) // ALFRED R. LAPIN
国は日の年		23a	REMOVAL (Spacify)
Sept 2		24	B urial 4-27-61 Riverview Cemetery Williamsport, Wash. Co., Md. FUNERAL DIRECTOR'S SIGNATURE 477 Hulf- ADDRESS 31712. Co. 51258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
YR A15 (4) 15M 9/60	,	0	Comes T. Ry sin Law Wash in ton D. C. DATE APR 26'61 Orithm S. Three
		1	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

4694

CERTIFICATE OF DEATH

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burial-transit physician.

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crematian,

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physician within

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within 24 haurs ofter death.

PRINCE GEORGES CITY OR TOWN (If outside carporate limits, write

MARYLAND

c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

birthdoy)

2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admiss on)

RURAL and give nearest town) ADELPHI 11 vears d NAME OF HOSPITAL (If not in hospital give street address)

2900 Buck Lodge Road

\$2900 Buck Lodge Road

o STATE

d STREET ADDRESS

MARYLAND

ADET.PHI

IS RESIDENCE ON A FARM?

YES NO TE

Year

NAME OF DECEASED First (Type or print)

NANCY 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T

WIDOWED AX

MIDKIFF B. DATE OF BIRTH 4/12/96

4. DATE DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years Months

b. COUNTY PRINCE GEORGES

196 Haurs

PRMALE

5. SEX

PLACE OF DEATH

OR INSTITUTION

a COUNTY

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUE TO

WHITE

DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) own home

Middle

WEST VIRGINIA

14 MOTHER'S MAIDEN NAME

12. CIT ZEN OF WHAT COUNTRY?

Doys

U.S.A.

13. FATHER'S NAME

HENRY PETTIT

Homemaker

MARTHA SHREVE

Nrs. L. Isabel Starcher, 2900 Buck Lodge Road IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. NO unksown) NONE Adelphi .- Maryland

PART I DEATH WAS CAUSED BY: Canditions, if any, which

gave rise to immediate

couse (a), stating the under-

lying couse lost.

Coronary

Coronary Surffeciency tensive Heart Desease

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY

NTERVAL BETWEEN

ONSET AND DEATH

hour.

PERFORMED? YES NO A

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY

20d. INJURY OCCURRED Doy, Year Hour o. m. While Not while at work at work p, m

20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, office blda., etc.)

, and that death accurred at AM, from the causes and an the date stated above.

(County) (Stote)

27 I certify that (1) (this hospital) attended the deceased fram. 17 saw the deceased alive an

22a, SIGNATURE 22¢ PHYSIC:AN'S

ATTENDING PHYS Tattorna Part

SIGNED

(Stote)

1961, that (1) (we) last

23a BURIAL, CREMATION, REMOVA. (Specify)

MEDIC AL

23b, DATE THEREOF 4/10/61

23c NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON CEMETERY

23d, LOCATION (City, town, or county) PRINCE GEO. COUNTY. MARYLAND

ASITVER SPRING, MD.

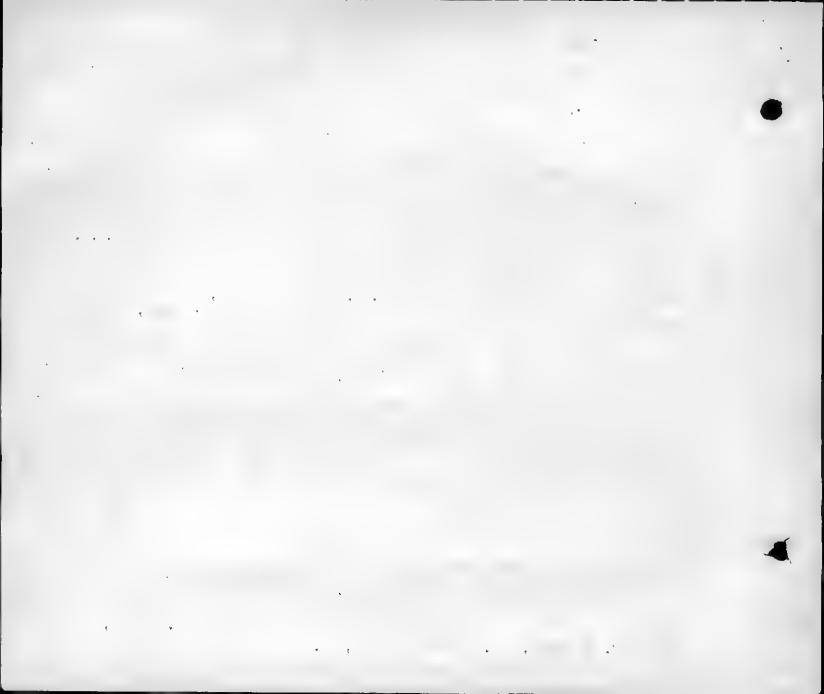
250. REC'D BY REGISTRAR DATE APR 11

25b REGISTRAR'S SIGNATURE anthon & Hause

VR A15 (4) 15M 9/59

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hay be remined to FUNERAL DIRECT



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH BALTIMORE 1, MARYLAND FOR STATE Item-9 Firm Geor USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate) TE. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give Vegrest town) write AURAL and g ve neerest town) NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? State YES NO Z 3. NAME OF DATE M ddle Day Month DECEASED OF the (Type or print) DEATH with COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS may 2 with ast bythday) . Months Days Hours WIDOWED D VORCED 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages ã pages | within PM3. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME 9 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown), (Ifyes give weror dates of service) with 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, gava rise to immediata cause DUE TO (a), stating the underlying couse last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8) 19, WAS AUTOPSY PERFORMED? NO 70 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Jem 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Chief age 3 s the Crit 20c. T.ME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20g. PLACE OF INJURY (Home, ferm. 20f. (City or fown) [County] (Stele) fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work should be forwarded to the FUNERAL DIRECTOR: its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 22a, SURIAL, CREMATION. CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (State) REMOVAL (Spacify) Burial O Q 40 9 Burial Grounds Crownsville Marvland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 perintendentop



14 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 me to retained by the hospital or attending physician.

TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 min 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) ISM 9/60

	CERTIFICAT	E OF DEATH	04662
ŧ	Prince Georges MARYLAND o. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give necrest town) Cheverly 1 day I. NAME OF HOSPITAL OR INSTITUTION ('F not in hospital, give street address	GCTY OR TOWN (If outs'de corporete limits, write R. Maryland Park d. STREET ADDRESS	rince Georges
S. 10a.	Prince Georges General Hospital NAME OF Middle Type or print) SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED LIVE OF BUSINESS OR INDUST. LUSUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	7 June 1887 73 yrs.	YES NO Day Year 7 19 61
15.	Retired Railread Benjamin Miller WAS DECEASED EVER IN C.S. ARMED FORCES? (Ifyes give war or deles of service) WAS DECEASED (Ifyes give war or deles of service)	Virginia , 14. MOTHER'S MAIDEN NAME Elizabeth Siclel INFORMANT Address Ary M Miller - same	U.S.
HECATION	18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH	Occl. Bth right peller a tre Hh do or related to the terminal disease condition given D. (Enter nature of injury in Peril or Part II of item 18.)	IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
· MEDICAL CERT	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED to PL. Hour e.m. 19 while Not While et work 21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 19.6, and the 22c. FIGNATURE	at death occured at	(County) (State), 19, that (I) (we) by d on the date stated above 22b, DATE SIGN
	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY LEMOVAL (Specify) 4-11=61 Beaver Cre FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee Funeral Home - Washington I	or CREMATORY 23d. LOCATION (City, town Bridgew 25a. REC'D by REGISTRAR 25b. REGIS	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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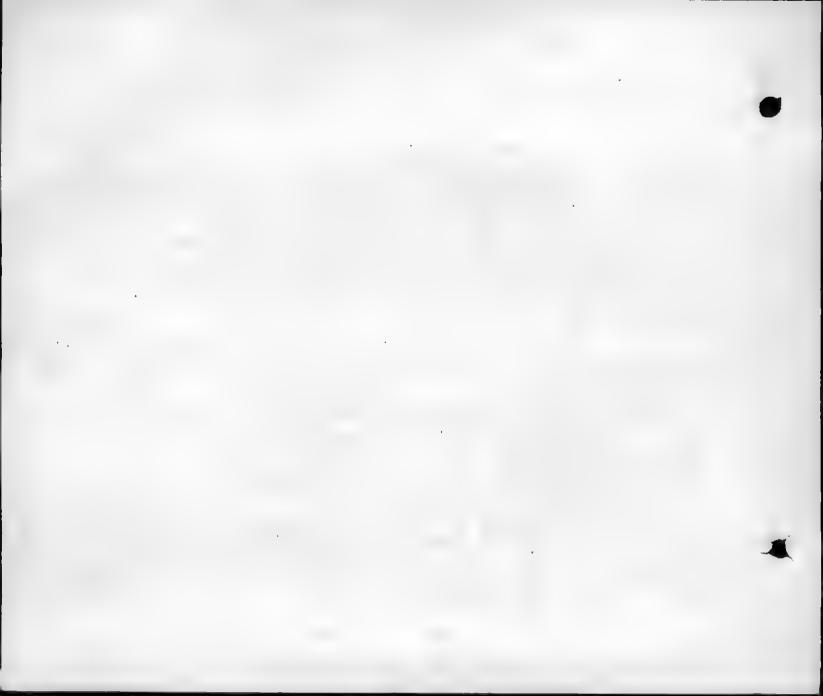
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 4697

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1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN, (If outside corporate limits, write) c. LENGTH OF STAY IN 16	Maykan Haward
RURAL and give nearest town)	c. CITY OR TOWN (If offside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREFT ADDRESS IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Robert dec	Morre DEATH Charl 26 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (If yeors IF UNDER 1 YEAR IF UNDER 24 HRS In UNDER 24
19a. USUAL OCCUPATION (Give kind of work done 10b_KIND OF BU9INESS OR INDU	7-43-CMO(00 /3 /8/11
during most of working life, even if relired)	Mant Co. Maryland USA
13. FATHER'S MAME ()	14. MOTHER'S MAIDEN NAME
d. L. Maare	annie Bryan
	NFORMANT Address
(Yes, no, or unknown) V (if yes, gave war or dates of service) 2/6-32-0628	<i>-</i>
18. CAUSE OF DEATH [Enter only one couse per line (pr (a), (b), and (c)]	INTERVAL BETWEEN ONSEIFAND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Caremalle 3 ms
J S G X DUE TO O	4111
Conditions, if any, which) (b)	PARO d. KINNER IN
gove rise to immediate	
lying couse lost.	
Z Book II of the control of the cont	I NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART T(0) 19. WAS AUTOPSY
Sell witere	TELEVICE YES NO.
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CD. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o m. While Not while for work of work	ctory, street, office bldg., etc.)
21 certify that (I) (this haspital) attended the deceased fram.	12-15 , 1969, to 4-26 , 1961, that (1) (we) last
saw the deceased alive an 14/7/4 19/1 and that	death accurred at 7.12M, from the causes and on the date stated above.
220 SIGNATURE	22b, DATE
1 1/1 /// Chillian	ATTENDING MED. STAFF SIGNED PHYS. SIGNED
22c/pylysician's	22d. ADDRESS
MAME (Type) J.M. WARREN	
230 BURIA, CREMAT ON, 236, DAJE THEREOF 23c, NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
AMOVAL Specify 4/29/61 The Land	to Man Park Darrey, Md
24, FINNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b7REGISTRAR'S SIGNATURE
Wellitte House law hours	DATEMAY 2 '61 Caring of thema
Divide	A CAMPA





STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY a. STATE Md. Prince George Prince George MARYLAND 20 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrest town! 2 mo.6 days West Hyattsville after Cheverly Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Prince George General Hospital 3h2h Tuland Drive pletely 3. NAME OF 4. DATÉ Month Middle Year DECEASED OF (Typs or print) DEATH 19 Virginaa carbon 6. COLOR OR RACE T. MARRIED NEVER MARRIED TO 5 SEX IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR lest birthday) pue Months Days Hours WIDOWED [D. VORCED Female 7-20-10 physician 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT, PLACE (County & State or forwige country) I 12. CITIZEN OF WHAT COUNTRY? гетоме dona during most of working life, avan if retired) School Teacher School West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ç aftending Then WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyes giva war or dates of servica) physician. Mrs Mildred Morris-Hunnington 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) permit. signed by ONSET AND DEATH 0 mos. CAUSE (a) cremation, **burial-transit** Diverticulectom attending has been (a), stating the underlying causa last. the 5 PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.a) 19. WAS AUTOPSY After this certificate PERFORMED? YES X NO F USB 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part c or Part Ic of itam 18.) 20a. ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work CIOR 22b. DATE 22a. SIGNATURE EQE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. HOSPITAL Page 4 FUNERAL rector, page 3 filed with the 22d ADDRESS 22c, PHYS, CIAN'S NAME [Type] hm. Holbrook College Ave., College Park, BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 25mg RaC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circlian S. Frank 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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RYLAND STATE DEPARTMENT OF HEALTH Division of TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmiss op e. COUNTY b. COUNTY MARYLAND PRINCE GEORGE b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give neerest town) write RURAL and give nearest town HYATTSVILLE BRUHRSDA yrs.3 mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 6417 WINNEPEG ROAD YES NO X CARROLL MANOR 3. NAME OF 4. DATE Month DECEASED and 3 to the OF (Type or print) DEATH WITLLIAM JOSEPH APRIL 12
AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HR last birthday) WIDOWED -DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) FACTORY FORMAN Needle Factory New Hampshire 13 FATHER'S NAME Michael Morris Mary O'Neil 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 6417 Winnepeg Road long with I William Joseph Morris Jr. Bethesda NERVANDTWEEN No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) Congestive heart failure DUE TO Toxemia (b) geve rise to immediate cause DUE TO (e), statung the underlying Chronic Urinary Bladder Infection cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19, WAS AUTOPSY PERFORMED? 2 NOXIX Medical plnous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. [City or fown] (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😓 and in my opinion forwarded to Inquiry Accident Suicide Undetermined manner death resulted from: Natural causes * Homicide CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) James BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stelle) its. 40 FUNERAL DIREC A15ME 5M 7/59



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death Page 4

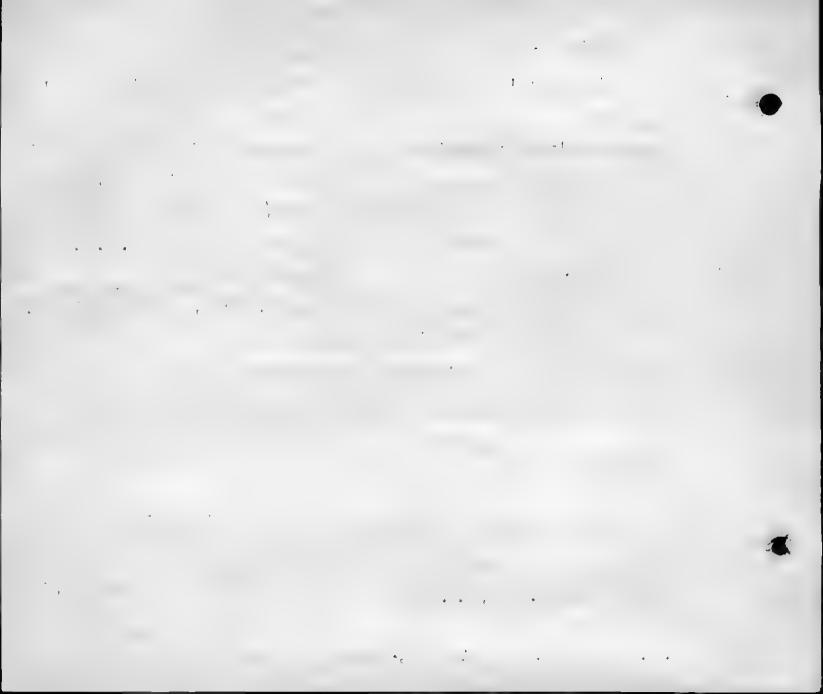
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Page a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, Maryland Prince George's c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Ardmore d STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained the the State B Jefferson Street Prince George's General Hospital YES NO 3. NAME OF DATE Month Year DECEASED OF (Typa or print) DEATH William 19 61 William Josephus

6. COLOR OR RACE / MARRIED | NEVER MARRIED | Moss Anril with 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR I IF UNDER 24 HRS 5 m. and 2 w. 2 hours last birthday) Months WIDOWEDX DIVORCED [September Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if ratirad) pages 1 in pencil in Rem 18. Give Pages Kentuckey U. S. A. Office along with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AL EXAMINER: This certificate should be executed within 24 Robert S. Moss Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT Somerset Road (Yas, no or unkown) (Ifyas giva war or dates of service) Mrs Margaret A. Barton. None East Riverdale, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Conditions, if any, which (b) gava risa to immediate cause DUE TO (a), stelling the underlying eauen last PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a) 19, WAS AUTOPSY PERFORMED? rtificate, writing the word NO TX pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of itam 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, ferm, 20f. [City or town) Month, Day, Year (State) factory, street, office bldg., atc.) Not While should be forwarded to the PUNERAL DIRECTOR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry 🔽 and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated DEPUTY ME ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type, M. D. Addi JAMES Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF LOCATIONICity, town, or country) REMOVAL (Spacify) 40 6 23. FUNERAL DIRECTOR 246. REGISTRAR'S SIGNATURE VII. A15ME W. W. CHAMBERS Raverdale. Maryland 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1. MA STATISTICAL RESEARCH AND FIIM GZOS item 9 USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY FINCE MARYLAND b. CITY OR TOWN (if outside corporate limits, C c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , a ve street address, ON A FARM? YES NO NAME OF Middl Vincen DECEASED DEATH (Type or print) ano 5. SEX AGE (In years IF NDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired 421 8 phy 13. FATHER'S NAME ube WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN Address (Yes, no, or unknwn) ! (If yes give war or dates of service. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a. DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO -20s. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED. 20e. P. ACE OF INJURY (Home, farm. 20f. (City or town) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 6,10. a 19. (a) /hat (I) (we) last saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING PHY5. FUNERAL 22d ADDRESS 22c. PHYSIC AN'S NAME (Type) 23d. LOCATION (City, Jown or county) (State) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Woodbridge, Virginia å å ö Church Cemetery 22 April 1961 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE +CO. VR A15 (4) DATE APR 2 4 '61 Certhur S. Haura 15M 9/60 UNITEH-U



1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
			CERTIFICATE OF DEATH
hours after the funeral nd 2 should	M)		PLACE OF DEATH s. COUNTY Prince George MARYLAND b. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corporate I m.ts. c. CITY OR TOWN (if outside corpora
y filled Pages I allours after d	7		write RURAL and give nearest fown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) Prince George General 311:8 Bellview Avenue
be executed and completel arbon papers within 72 h		5.	NAME OF DECEASED ([Type or print]) Anna Laura Oderman Oderman SEX OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OCOLOR OR RACE 7. MARRIED S. DATE OF BIRTH OCOLOR
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ires that the dea sician. I by the attendin permit, Then plea or removal, and			WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Informant) (Illy es give wer or delex of service) 18. CAUSE OF DEATH [Enter only one couse per l'ne for (e), (b), end (c).] PART 1. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (e) WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (INTERVAL BETWEEN ONSET AND DEATH 2 m os.
IAN: The law requirel or attending phy cate has been signed as the burial-transit to burial, cremation.		NOIL	Conditions, Geve rise to immediate couse [a], stating the underlying couse fest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 14 NO 1-1
G PHYSIC by the hosp er this certif hed for use feelth prior		CAL CERTIFICA	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of intury in Pert L or Part II of flem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Year 206. INJURY OCCURED 206. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
CR ATTENDIN r Se retained I D ECTOR: Aft 3 should be detect		MEDIC	Hour a.m. 19 While Not While fectory, streat, office bldg., etc.] 21. 1 certify that (I) (this hospital) attended the deceased from VANE, 1956, to
HOSPITAL Page 4 FUNERAL rector, page		23	22c. PHYSICIAN'S NAME (Type) Dr. Norman D. Coneau 22d ADDRESS Perry Street, Mt.Rainier, Iid. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
OF A15 (4 15M 9/60		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS RIVEN do L. M. Cham bens Co. J & Ol Cleveland Ave. Date APR 14'61 Chilum S. Flicus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

GEDTIEICATE OF DEATH 4706

	1. PLACE OF DEATH E COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission	ij				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)	e. STATE Maryland C. LENGTH OF STAY IN 1b o. STATE Maryland o. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest lown)					
	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Dead on arrival Kentland pitel, give street eddress) d. STREET ADDRESS i.e. IS RESIDENCE					
7	Prince George's General I	Hospital 7604 Kilmer Street YES NO					
	DECEASED	OF					
	5. SEX 6. COLOR OR RACE 7. MARRIED	D NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	-				
	Male White WIDOWEL		/ ?				
	done during most of working life, even if relired) Maintanance Man II. FATHER'S NAME	riversity Md Pennsylvania U. S. A	_				
7	Joseph Albert Pollak	Unknown					
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, po, or unkown) (If yes, give werord gles of service)						
	Tes MMTT sug T	Mrs Ruth E. Pollak, same as # 2					
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Hemorrhage and shock					
	OT JUL TO	1 1 1 X DUE TO					
	Conditions, if eny, which (b)						
	geve rise to immediate cause (e), stelling the underlying DUE TO						
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CERTIFICATE OF DEATH 7777 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY Prince George MARYLAND Marvland Pr. Goo. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Oxon Hill Oxon Hill d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS a. IS RESIDENCE 616-Bock Terrace S. E. 5616-Bock Terrace S YES NO.F NAME OF First 4. DATE Middle last Year DECEASED Poges TERESA PONZI ANO (Type or print) DEATH April 1961 lst 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Female White March 12-1882 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. duting most of working life, even if retired)
HOUSEWITE Domestic Italy USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Domonic Salviola Rose Marie Pinonormo remove 72 hours IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Rose Ponziano attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o). Cerebro Vascular accident ANTERIO Sclevolic Cardio Vascuelor desease ģ permit. ony Canditions, if any, which ! gave rise to immediate couse (a), stating the underand lying cause last burial-transit PAM II. OTHER SIGNIFICANT CONDITIONS CONTPIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removal, YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City ar town) (County) (Slate) foctory, street, office bldg . etc.) Hour a.m. Nat while at work at work 21. I certify that I attended the deceased fram. Fish: 20 that I last saw the deceased . 19.5 a., ta., 1961, and that death occurred at 6 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) may be retained to TO FUNERAL DIREC page 3 shauld be a ACTUAL SIGNATURE 2 Parkway Dr., Forest H hts. Md prior registror PHYSICIAN'S Etienne Szollosi 2 Parkway Dr., Forest Hints, Md. NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) REMOVAL (Specify) Cedar Hill Cemetery Suitland, Maryland 1661- Good S.E. Washington 20, DO 24a. REC'D BY_REGISTRAR 24b REGISTRAR'S SIGNATURE Crehny S. Through DATE

executed within 24 hours ofter death.

death certificate be

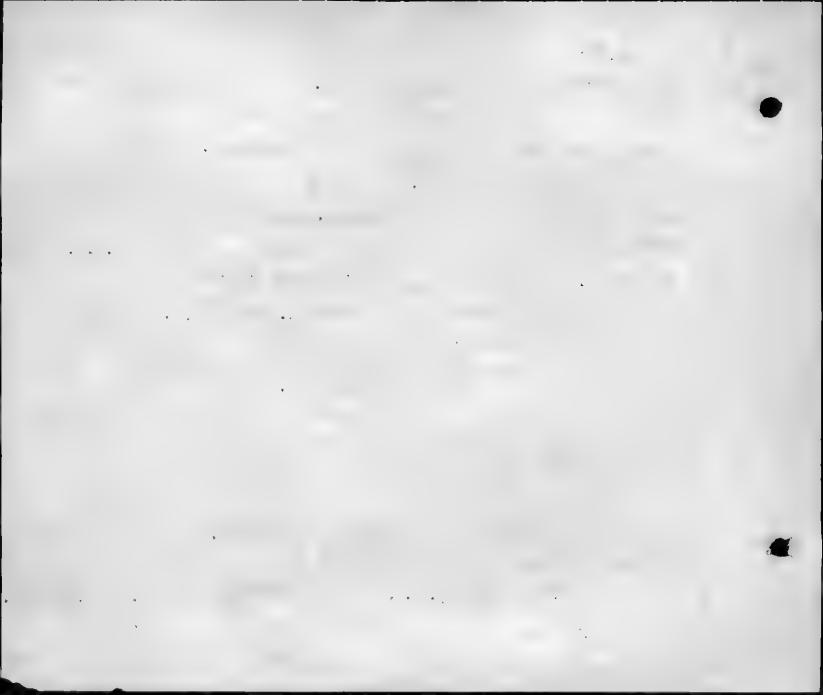
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



A CONTRACTOR OF THE CONTRACTOR	RAKILARU SIAIE DEPA	AKIMENI OF N	EALIN	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	001 W. PRESTON ST	REET, BALTIMORE 1,	
7 700	CERTIFICATE	OF DEATH		0465

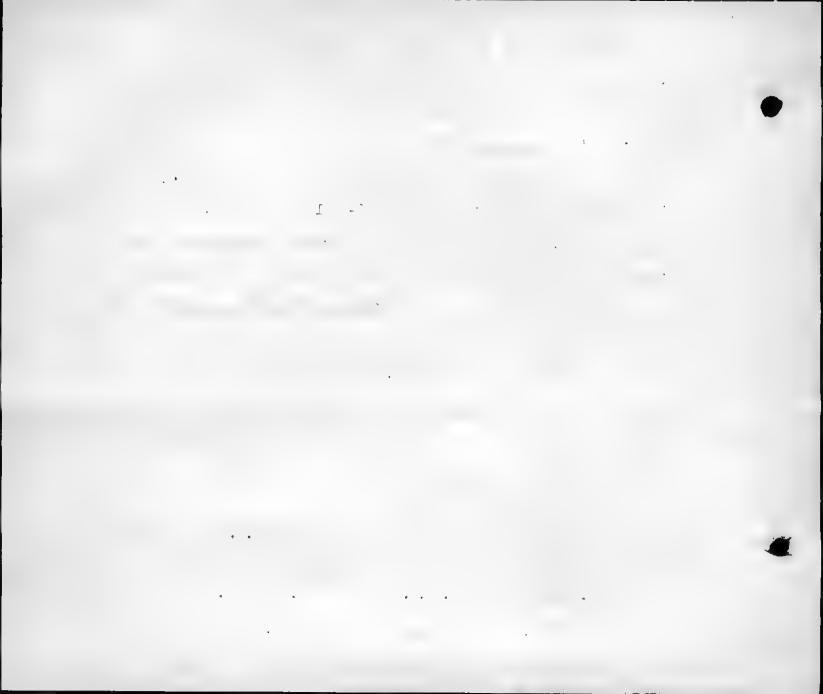
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		Prince George	MARYLAND					
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1		. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospita, g ve streat address)			ON A FARM?		
	Ale "	Prince George General		680L Shephe	rd St.	YES NO		
	3.	NAME OF First	Middle		DATE Month	Dey Yeer		
		DECEASED [Type or print]			DEATH A			
		Maude	M.	Porter	April	. 18 ¹⁹ 61 _		
	5.	SEX 6. COLOR OR RACE 7. MA	RRIED 🔀 NEVER MARRIED 🔲 📙	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.		
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		Housewife_		Arkansas		U.S.A.		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		- Georgie		
7		Dadadala F. Manasi		Julia Anne H	lundroh.			
را	15.	Patrick L. Markin WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. L 17 TH	OUTIG VILLE D	Address	-		
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			none	Supter A. Po	rter, ir	(son)		
		18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b,, and (c)]	Dupoer are zo	1 001 9 11 0	INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY	In a series of the last of the			ONSET AND DEATH		
		MMEDIATE CAUSE (e) PU.	lmonary Embolism			hours		
) X () X DUE TO						
		conditions, if ony, which \ (b) Adenocarcinoma of the right kidney with invasion						
	geve rise to immediate couse of the right, renal vein.							
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	ģ	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBCTING TO DEATH BUT NO	RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	PERFORMED?		
	\ <u>\</u>					YES K NO		
\	CERTIFICATION	20s. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I of	or Perl II of Iem 18.)		-	
	ERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	- 1							
	MEDICAL		4 .	CE OF INJURY (Home, farm, 20 ory, street, office bldg., etc.)	If. (City or town)	(County) (State)		
	24 29		Vhile Not While Tector	1				
		21. I certify that (I) (this hospital) at		W 10(-	1 12 12 Dim	10/ -1 (bet //) (sue) les		
	H	saw the deceased alive onApril	LQ19Q.L, and that	death occured at. 33.200	, Forth the causes an	nd on the date stated above.		
	ш	229: SUGNATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED		
		Darry Kallider	4	DIESE TO DIESET		313/460		
	Н	22c. PHYS.CIAN'S	1	22d. ADDRESS			-	
		NAME (Type)	heabang M D		77-m 2/m	filed transfer to the second		
			bseberg, M.D.			Rd. Hyattsville M	id	
	230	REMOVAL (Specify)	235 NAME OF CEMETERY	R CREMATORY 230	d. LOCATION (City, town	or county) (State)		
	6	11-61	1 the 10 201/1	well het will	CHET! 11	will it I		
	34	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	25e. REC'D BY	REGISTRAR , 256. REGIS	STRAR'S SIGNATURE		
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	_	/ / / /		DATES IN & I	Cirlin	- 2 . Kroug	-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7709 ilm-6284 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . PLACE OF DEATH a COUNTY o. STATE b. COUNTY MARYLAND Prince George CCITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Prince George
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly 18 davs Laure] d. NAME OF HOSPITAL (If not in hospito), give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Prince George's General Hospital 4. DATE NAME OF First Middle last Month Day Year DECEASED DEATH (Type or print) John Powel ? 1963 april IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Doys Hours Male WIDOWED DIVORCED | colored cample 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) pup pou 13. FATHER'S NAME physician within гета 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ottending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH ā CANCINOMATOSIS PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) m 05 **DUE TO** Browcho genic CARCINOMA M 0.5 Conditions, if any, which (b) permit certificate has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. the burial-transit FICATION PART HI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY cremation, PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 26d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work p. m. at work 21. I certify that (I) (this haspital) attended the deceased from March 15, 1961, to April 1, 1961 that (I) (we) last 196], and that death accurred \$30M to the causes and on the date stated above. saw the deceased alive an ADTIL 22o. SIGNATURE SIGNED ATTENDING PHYS STAFF FUNERAL DIREC d to M.D DIRECTOR Board 22c, PHYSICIAN'S 22d, ADDRESS page 3 should NAME (Type) Mt. Rainier. Md Dr. Norman Comeau. M.D. DATE THEREOF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) 23a BUR AL, CREMATION, 23b. (State) REMOVAL (Specify) 0 25b. REGISTRAR'S FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR Colling & Former VR A15 (4) DATE APR 15M 9/59

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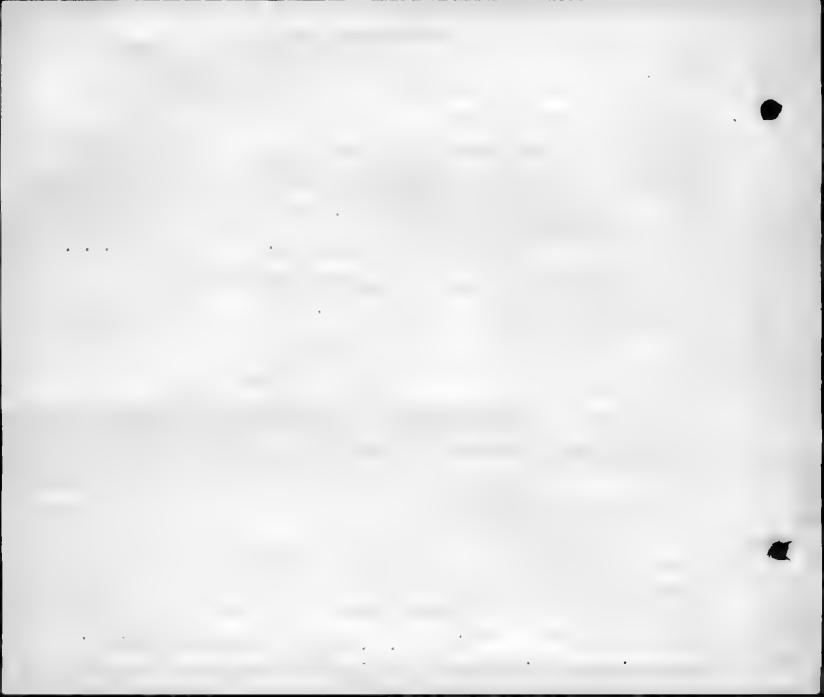
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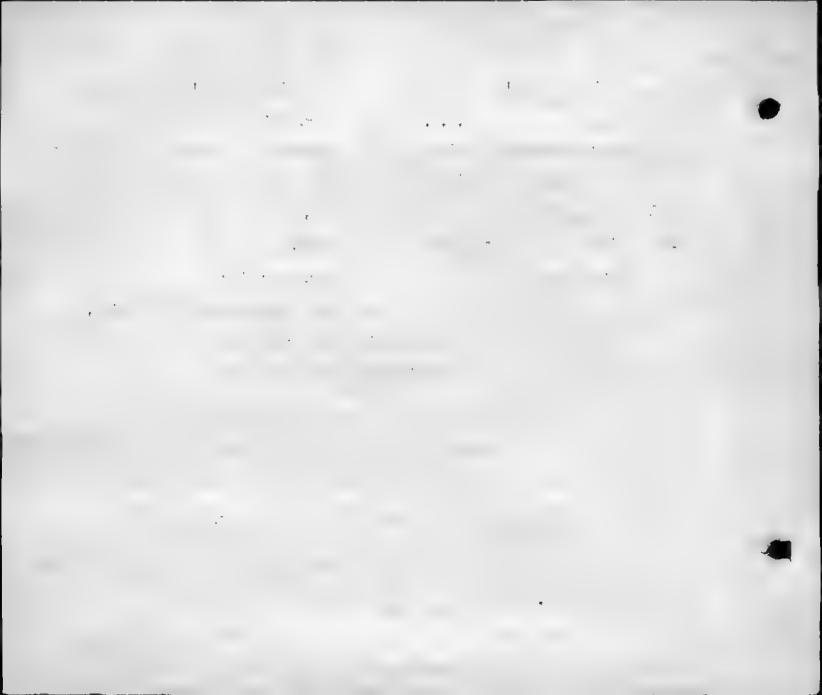
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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edimession) a. COUNTY Health, b. COUNTY e. STATE MARYLAND Prince_George's Prince George's Maryland
c. CITY OR TOWN (If outs do corporale limits, write RURAL and give nearest town) b, CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 0 Brandywine Board Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? Prince George&s General Hospital Route # YES NO 3. NAME OF 4. DATE Month uld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the in Diffice along with form PM3. Page 5 may be retaburial-transit permit. File pages 1 and 2 with the Sourial-transit permit. File pages 1 and 2 with the Sourial-transit permit. File pages 1 and 2 with the Sourial-transit permit. DECEASED OF (Type or print) Thhal Elizabeth Proctor DEATH April 19 61 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 5 SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest berthdey) Months Haurs Female ColoredWIDOWED [DIVORCED June 29. 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] Own Home Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gray Bertha Proctor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mrs Janell Mary Mitchell, Brandywine, Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] NTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: Intra cranial Hemorrhage IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if any, (6) geve rise to immediate cause "pending" 63 writing the word "pending" Chief Medical Examiner's DUE TO (e), stating the underlying 88 pesn cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat NO should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. (1) the Chre 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) fectory, street, office bldg., etc.) 0 Not While et work et work please exacute the Crificate, very should be forwarded to the D PUNERAL DIRECTOR: Por its designated agent, prior prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 4/29/61 DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Boyd James Address'(Street, city, town, or county) 220, BURJAL, CREMATION, 226, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY ALOCATION (City, lown, or country) (Stete) REMOVAL (Specify) ò O g 40 MERAL DIRECTOR 24a. REC'D SY 8. Thales VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND F DEATH F11m G200 Dyul iwk PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY b. COUNTY Prince Georges Maryland Prince Georges MARYLAND 90 c. CITY OR TOWN (If puts de corporate limits, write RJRAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Oxen Hill Cheverly days . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION ('F not in hospital, give street address) A STREET ADDRESS ON A FARM? 51/12 Oxen Hill PrinceGeorges General Hospital YES NO completely 3. NAME OF Lest DECEASED OF (Type or print) DEATH April 19 Vivian Proctor IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 19. AGE IIn years | IF JNDER 1 YEAR and last birthdey) Months I Days Hours April Black WIDOWED -D VORCED Female 12. CITIZEN OF WHAT COUNTRY? 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B ?THPLACE (County & State, or fore, an country) done during most of working life, even if retired) None one Maryland phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ ding and Marian S. Proctor Joseph affenc 15. WAS DECEASED EVER IN U.S. ARMED 1 .S? . 16. SOCIAL SECURITY NO. 12. INFORMANT (Yas, ne, of unkown) | (Ifyasgivewarorda a ofservice) 18. CAUSE OF DEATH [Enter on y one cause per ine for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve risa to immediata cause **DUE TO** (a), stating the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3): 19. WAS AUTOPSY certificate PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (Stete) 20d. INJURY OCCURRED ! 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work CIOR saw the deceased alive on...... 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) (Stelle) 23e. BURIAL, CREMATION, 1236 REMOVAL (Specify) 9.5 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FEINERAL DIRECTOR'S SIGNATURE VR A15 (4) arihus S. Thrasa 15M 9/60

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NARYLAND STATE DEPARTMENT OF HEALTH

Joseph S Parto, wardon 1118

FOR STATE MEDICAL EXAMINER'S 1. PLACE OF DEATH a. COUNTY Maryland Frince George's MERVIAND b, CITY OR TOWN (I outside corporate I mits. E LENGTH OF STAY IN 16 write RURAL and give nearest town) 2, and 3 to the funeral did D.O.A. Cheverly Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS Prince George's General Hospital may be retained with the State E T. NAME OF Middle DECEASED (Type or print) Pulliam Rufus Elmer 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH White Male WIDOWED [DIVORCED uid be executed within 24 hours after in pencil in tem 18. Give Pages 1, 2, at Office along with form PM3, Page 5 in ge 5 and 72 % 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Salesman Retured Virginia 13. FATHER'S NAME Randalph Ransom 9 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Yes no, or unkown) (Hyesgive war or dates of service) Yes 1903 -1904 578-05-0419
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] EXAMINER: This certificate should be executed 5 Office along bur -transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal 442 Conditions, if any, which gave rise to immediate cause "pending" 10 Examiner's DUE TO (a), stating the underlying the word Medical shoul 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. to the Chief I bur 2De. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy should be forwarded to agent, Accident Homicide [death resulted from Natural causes Suicide designated ACTUAL SIGNATURE DEPUTY EXAMINER'S James I. Boyd NAME (Type) 22a. BURIAL, CREMATION, 22b DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify Cedar Hill 4 🖺 9 Burial O α, ADDRESS 23. FUNERAL DIRECTOR Vs. A15ME Lee Funeral Home. Washington D.C. 5M 7/59

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, if Institution: Residence b. COUNTRINCE George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) 4. IS RESIDENCE ON A FARM? 7404 Insey Street S. YES NO X DATE 19 61 DEATH AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours & Min. yrs. 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Elizabeth Gaunt Address Mrs Edna L. Underwood, same as INTERVAL BETWEEN ONSET AND DEATH Acute concestive heart failure Cardiovascular renal disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8) 19. WAS AUTOPSY PERFORMED? NO T YES 20b. DESCRIBE HOW INJURY OCCURED, JEnter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (State) Inspection | Inquiry and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER DATE SIGNED 4/29/61 DEPUTY MEDICAL EXAMINER Address (Street, city, Iown, or county) 22d. LOCATION (City, fown, or country) Suitland. Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Children S. Krans

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ofiside corporate limits, write RURAL and give nearest town) RURAL and give nearest telvn) Washington 22 give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Lest Month Day Yeor DECEASED (Type or print) DEATH 19 5. SEX 9/AGE (In years Jast birthday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED Z DIVORCED [10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole observing country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) DO THE oud corbon 13. FATHER'S NAME anne e 15. WAS DECEASEDEVER IN U. S. ARMED FORCES Address 16. SOCIAL SECURITY NO. 17. INFORMANT nora 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Losclerosis Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part Wof item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour e. m factory, street, affice bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from 710 19 6/ that I last saw the deceased and that death accurred at M, from the causes and on the date stated above, ACTUAL PHYSICIAN'S NAME (Type) 220. BURLAL, CREMATION, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) DVAL (Specify 9 23 FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE APR 28 Clothung & House DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. il director, filed with after death. Page I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY Ge05 b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 25 2706 2706 2 9 Y pup Ξ. 3. NAME OF First Middle 4. DATE Month filled DECEASED OF Irene Riston Pages (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths temale WIDOWED 閉 DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. pup TOUSE WI 13 FATHER'S NAME physician requires that the death certificate 3abelle oa na v Harravev remove hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address A for of aftending 2706 Crest Ave Chercyly Ma CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO ģ permit. any Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoling the underlying cause last **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f (City or lawn) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) g, m While Nat while ot work at wark Jan 21. I certify that I attended the deceased fram, that I last saw the deceased and that death accurred at 7:16 A.M., from the causes and on the date stated above. **ACTUAL** SIGNATURE DIREC å should HOSPITAL PHYSICIAN'S NAME (Type) FUNERAL Was 3 22a. BURIAL, CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) poge Burial Washington D. C. Prospect Hill Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE APR 11 '61 Gasch's Sons Hyattsville, Md. VS A15 (4) C'relier S. Thates

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

I weeks

PERFORMED? YES T

NO 🔽

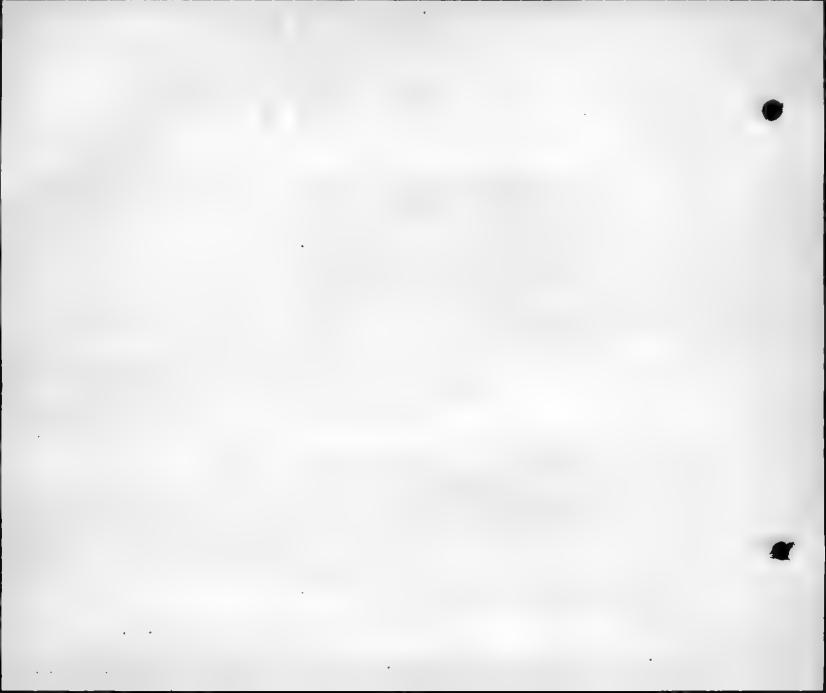
(State)

DATE SIGNED

(State)

19 6

15M 10/57



Division of STATISTICAL RESEARCH CORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fixed, If institution: Residence before admission) e. COUNTY 5. COUNTY b. CITY OR TOWN (if outs de corporet, infuits, MARYLAND Prince George's c. CITY OR TOWN (If outside corporete I mits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give neerest town] Cheverly Dead on arri Dead on arrival North Forestville retained for the State Loar . IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO IV 80th. DECEASED (Type or print) DEATH Ward Robinson with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) White WIDOWED [DIVORCED [Hem 18, Give . 2, Page 5 with form PM3, Page 5 10e. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) File pages 1 Maryland U.S.A. Carpenter Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel W. Robinson Annie E. Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown] | (Ifyes give werer detes of service) Mrs. Mary E. Robinson Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (*) Acute Congestive heart failure **DUE TO** Coronary-artery-disease gave rise to immediate causa **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19, WAS AUTOPSY PERFORMED? ease execute the satisficate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prion its burner, cremati Tobar pneumonia April 19 and 20, 1961

AUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Irom 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., etc.) Not While et work el work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion designated agant, death resulted from. Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Boyd, ames I. Address (Street, city, lown, or county) 220 BURIAL CREMATION 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY 248. REC'D BY REGISTRAR'S SIGNATURE
CIUM D. Thatle 40 DATAPR 2 7 '61 5M 7/59

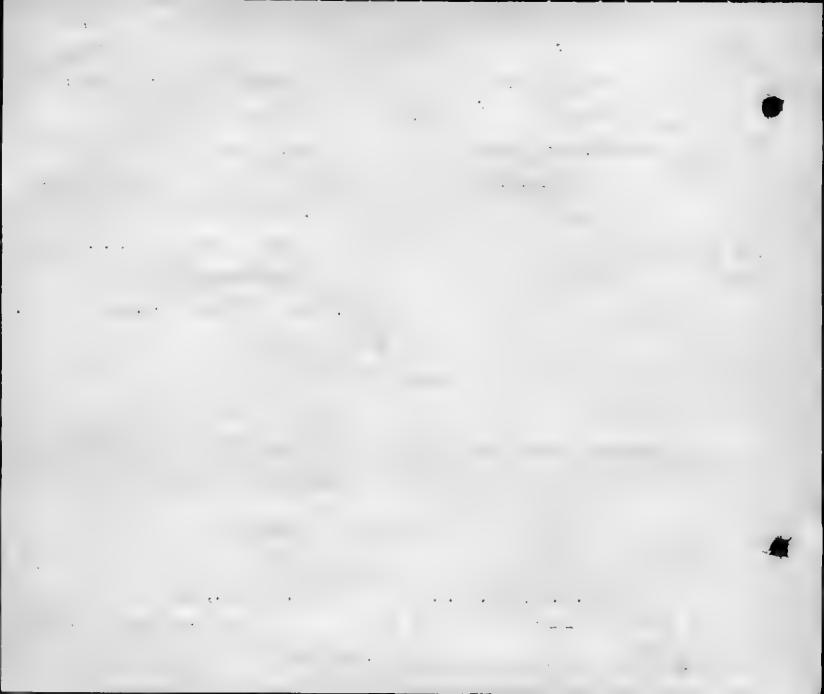
ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

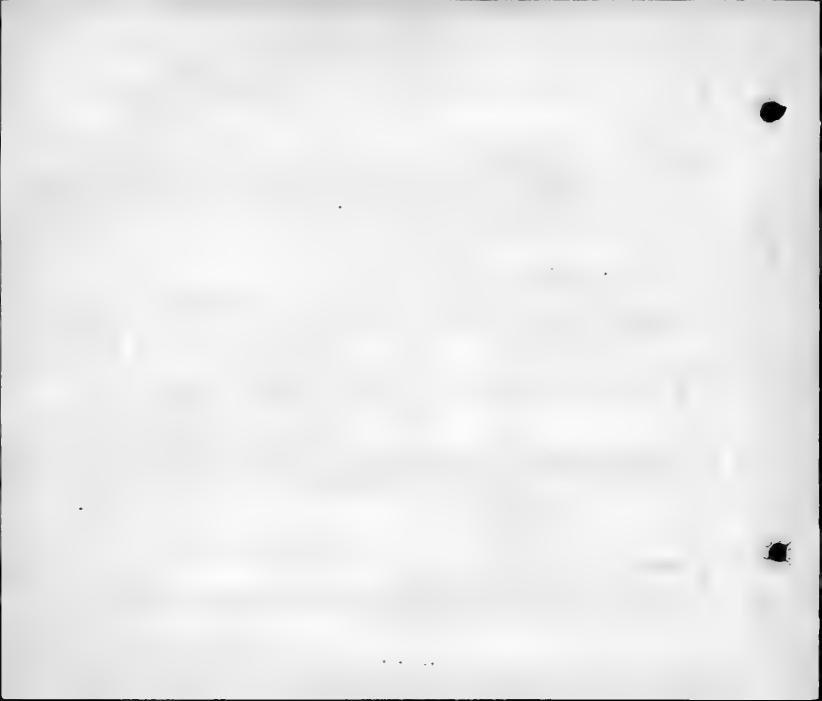


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY FrinceGeorges rince Georges Maryland MARYLAND 多くよ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate him ts, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) Bladensburg ll davs after Cheverly E. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d STREET ADDRESS ON A FARM? hours h917Prince Georges General Hospital Street YES NO T Taylor completely I. NAME OF 4. DATE First Midda Yaar DECEASED OF ITypa or print) DEATH 19 61 Arthur Rvan April and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR IF JNDER 24 HRS. DATE OF BIRTH last birthday) Months | Days requires that the death certificate be Hours White WIDOWED [DIVORCED Oct. Male physician 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (G va x nd of work LION, KIND OF BUSINESS OR NOUSTRY 11 BESTHPLACE (County & State or fore on country) dona during most of working life, even if retired) West Virginia U.S.A. Retired . 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 Rebecca Mathia John Ryan affendir ā Address Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yas, no, or unkown) | (Ifyasgive war or dates of sarvice) st. Bladensburg Md. Mary D. Ryan Taylor the 18. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? S 5 NO ō 206. DESCRIBE HOW INLURY OCCURED (Enter nature of injury in Part , or Part II of Itam 18.) 20a, ACCIDENT WAS JNDERLYING 1 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work saw then deceased alive on. 22b. DATE 22a SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. eath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Mt. Rainier., Md Hageage.. ector, filed 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Lost 0 Lost City West Virginia REG B BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Vienna. arihun & Krous 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04706 **CERTIFICATE OF DEATH** Rea, Dist. No. filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town!
Forrestville 58 Years Forrestville d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution 4361 Armstrong Lane 4361 Armstrong Lane YES | NO K NAME OF First Middle last 4. DATE Year Month OF ESTELLE ϵ RYON APRIL 19 61 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8 DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. (Esphirthdoy) White Doys Female. Nov. 26. 1902 Hours DIVORCED I WIDOWED [7] 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Maryland Housewife At Home 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George W. Fowler Laura Brady IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Forrestville Address Robert Ryon 4361 Armstrong Lane. Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, [County] (State) factory, street, office bldg., etc. While at work at work 21. I certify that I attended the deceased from Acce Lathor I last saw the deceased and that death accurred at M. fram the causes and on the date stated above. PHYSICIAN'S NAME (Type) O FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Epiphany Church Cemetery Burial Forestville Marvland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 517 11th St., S.E. Wash, DC DATE APR 2 5 '61



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before PLACE OF DEATH a. COUNTY b. COUNTY Prince George Prince George MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Riverdale Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6213 44th Avenue 6213 44th Avenue NAME OF 4. DATE Middle Month DECEASED MARY OF SCHLOER В. DEATH April (Type or print) 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX lest birthday] Months I Oct. 13, 1878 Female White WIDOWED IX DIVORCED 12. CITIZEN OF WHAT COUNTRY! 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired)
Housewife Own Home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Julius Berger Margaret Schmidt 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Miss Margaret A. Schloer Same as #2 none 18. CAUSE OF DEATH [finter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO untie Heart Nicenie Conditions, if any, which geve rise lo immediate ceuse **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.). 19. WAS AUTOPSY CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 200. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 2De. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While at work at work 10.11 2 (we) last 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased alive on.... 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type

O HOSPITAL death. Page 4 0 VR A15 (4) 15M 9/60

rector, page

÷ 8

23a. BURIAL, CREMATION, 23b. DATE THEREO

Francis Gasch's Sons

24 FUNERAL DIRECTOR'S SIGNATURE

4/24/61

funeral

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completely papers.

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physician

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oval,

Then

the

24

e CY L

ADDRESS Hyattsville, Maryland 24'61

23c. NAME OF CEMETERY OR CEMEXICON

Ft. Lincoln

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arilan S. Frank

23d. LOCATION (City, town or county)

Colmar Manor,

(County)

e. IS RESIDENCE ON A FARM?

YES NO 185

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO Vo

(State)

22b. DATE

(State) Md.

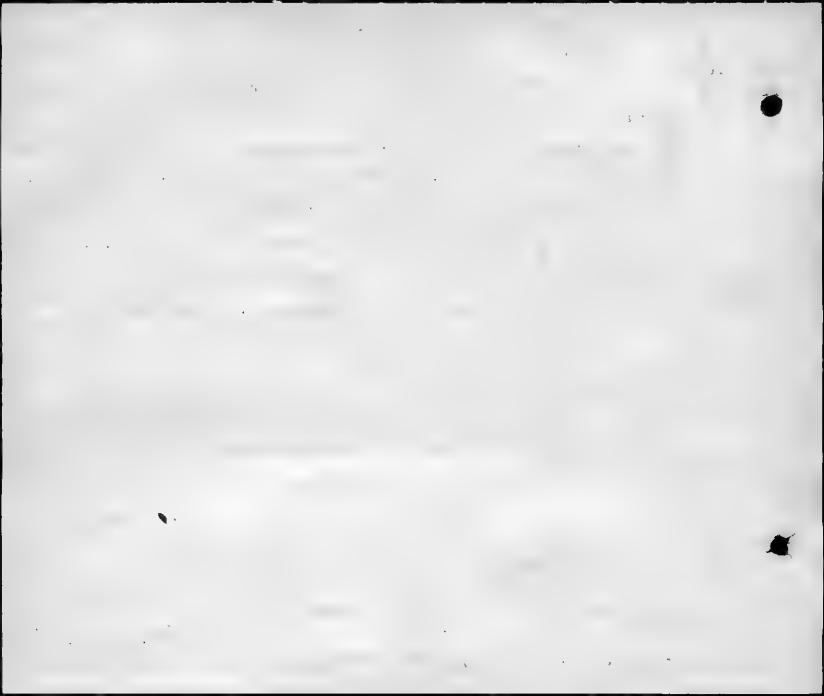
SIGNED

IF UNDER 24 HRS.

61

21,

. S. A.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

with director, death. executed within 24 hours offer Poges 1 completely deoth. certificote requires that the death ۾ **Surial-transit** 3 should 0 VS A15 (4) ISM 9/SS

111 14

With may 2 plnods forwarded to the L DIRECTOR: should be forward FUNERAL DIE DEPUTY ME 40 8 VS. AISME 5M 7/59

Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S L PLACE OF PERIP 2. USUAL RESIDENCE (Whare deceased lived, If Institution; Residence before admission) Prince Georges County b. COUNTY Prince Georges a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Laurel. Riverdale # d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, o ve street addrass) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? Leland Memorial Hospital 930 Montgomery Street YES NO X NAME OF 4. DATE Middle Last DECEASED OF [Type or print] RUSSIDIA LEROY SCOPP DEATH April 61. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Male WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, eyen if retired) U.S.A. Blacksmith Ret. U.S. Gov't Laurel, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Thomas Scott Annie S. Harrison 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown), (Ifyasgivewarordatesofservice) Montgomery Mrs. Daisy Pearl Allen Maryland. None Laurel. Unknown 18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure **DUE TO** Coronary heart disease mya risa to immad'ata causa DUE TO (a), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8, 19). WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While at work - at work -21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion death resulted from, Natural causes Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD M. NAME (Type) Address (Streat, city, town, or county) 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228, BURIAL, CREMATION, 226, DATE THEREOF EMOVAL (Specify 24a. REC'D BY REGISTRAR Chritma

MARYLAND STATE DEPARTMENT OF HEALTH



-		MARYLAND STATE DEPA	RTMENT OF	HEALTH	I—BALT	IMORE, 1	8						
(M)		CERTIFICATE OF DEATH Reg. Dist. No. () 474()											
	1	Prince George MAR	2. USUAL RE G. STATE	Maryla	ere deceased ind	lived. If institution b COUNTY	on Residence before Pr. Ge						
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b c CITY OI			ote limits, write R	URAL and give ne	arest town)					
1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7700 Allentown Rd SE		Allen raddress 7700 A		wn Rd Sl	7)	6. IS RESIDENCE ON A FARM? YES NO					
er ·	3	NAME OF First Middl		lost	4. DATE	Mon	Ih Do	ау Үеог					
/ 1	5	(Type or print) JAMES HE. T SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR		LIVER RTH	DEATH	Apri.	IF UNDER 1 YEAR	1961 R IF UNDER 24 HRS					
1	L	Male White WIDOWED XX DIVORC	Aug. 1	L3 1870		lost birthdoy) 90 yrs	Months Doys	Hours Min.					
		00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired "Truck Farmer"		aryl and		untry}	12. CITIZEN C	OF WHAT COUNTRY					
3	13	3. FATHER'S NAME	14. MOTHER	R'S MAIDEN N									
	1	John J. Sellner 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no. or unknown) (If yes, save wer or delay of service)), 17 INFORMANT	Mary E	. Bigg	,S Addi	ress						
	_	(If yes, give wor or dates of service)	Charles W	Selln	er 625	5 Aller	ntown Rd	SE					
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		i. Z.	J. P.	/	INT	ERVAL BETWEEN SET AND DEATH					
מוא מיים		Conditions, if ony, which) (b) (sheere.	Of mine	Min	ž	eer /	12 JA 1	Collen					
		gove rise to immediate cause (a), stating the under-lying cause lost.	• /			11'							
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERFORMED?					
Ç.	CESTIFIE	200. ACCIDENT WAS UNDERLYING 1 CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CO	OCCURRED. (Enter noture	of injury in P	ort I or Part	II of item 18.)							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work	20e. PLACE OF INJURY foctory, street, off	Y (Home, form, lice bldg., etc.	20f. (City	or lown)	(County)	(Slote)					
		21. I certify that I attended the deceased from	, 19, 7	1. la //	ANK S	194	that I last so	aw the deceased					
3		alive an 194, and tha	death accurred a			the causes a		nte stated abave					
prior 10		SIGNATURE SALE TO THE COMMENT	мо52			bas Rd S							
ne registror p		PHYSICIAN'S Lewis Parker	52	241 St.	Barna	bas Rd S	3E	is the other than the other and may may they they may may the					
5 to	7.	REMOVAL (Specify)	etery or crematory on Nat'1.			ON (City, town, a		(Stote)					
98, Y.	23	FUNERAL DIRECTOR'S SIGNATURE 1661—Good Hope Washin; ton 20 I		24g. REC'E	BY REGISTR	AR 24b REGIS	STRAR'S SIGNATU	RE					
7	16												



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) PLACE OF DEATH a. COUNTY h. COUNTY Prince Georges Marvla nd MARYLAND Prince Georges c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) 222davs Cheverly Glenridge d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Prince Georges General Hospital Marywood 4. DATE Month Yaar NAME OF Middla last OF DECEASED (Type or print) DEATH 19 6] Shafer Maurice April AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthday) Months Min. WIDOWED TY D VORCED [May WITE Male 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) SA New York Clerk General Electric Co Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordatasofsarvica) Ralph M Shafer Md. Glenridge no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause pa ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata cause **DUF TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I of Part I, of Itam 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., atc.] While Not While al work at work \$ _____, 196 /., that (I) (we) last 21. 1 certify that (i) (this hospital) attended the deceased from... to ... and that death occured at 2. Walltom the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22a SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION., 236. DATE THEREOF REMOVAL (Spacify) Griswold Funeral Home New York Apr 8. Schenectady 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE APR 11 '61 Chilling S. Thous F. Gasch's Sons Hyattsville, Md.

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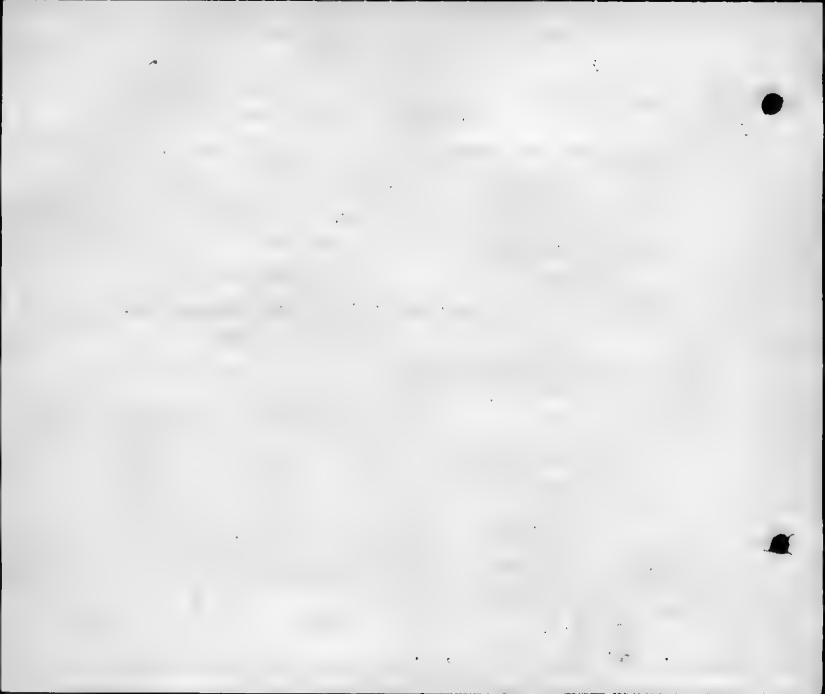
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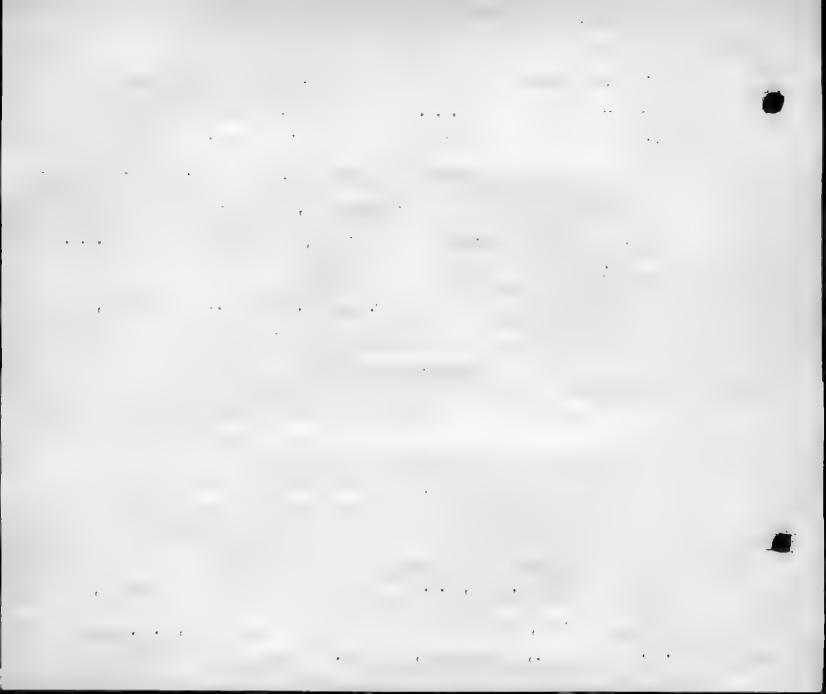
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) a. COUNTY Page b. COUNTY rince Georges of Liealth, files. Prince Gorges County Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata I m ts, write RURAL and g va nearest town) write RURAL and give nearast lown] D.O. A. Seat Pleasant Cheverly any delay is no ne funeral dire ō Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? 511 69th Place retained he State B Prince Georges General Hospital YES NO 3. NAME OF 4. DATE Middle Month Yaar DECEASED OF SR. (Typa or print) D ILCADALD SHEIL DEATH THAMAS 61. 19 with rs afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. M3. Pages 1, 2, and 3 in M3. Page 5 may bages 1 and 2 with within 72 hours af last birthday) Months DIVORCED T August 10, 1909 WIDOWED -Male YES. 10a. USUAL OCCUPATION [Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Albany, New York Painting PM3. Pa pages 1 Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give John Sheil Josephine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 717 Chillum Road (Yas, no, or unkown) (Ifyesg.vawarordatesofservica) with Mr. Thomas E. Sheil Jr.. Hvattsville, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) **DUE TO** Coronary heart disease Conditions, if any, which " (6) geve rise to Immediate cause 60 **DUE TO** (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Italy 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20 NO X pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. writing to Chief A 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) age. Month, Day, Yaar (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry X. and in my opinion 20 forwarded to death resulted kom. Natural causes X. Accident Suicide . Homicide I Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward FUNERAL DIS ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S 2, 1961 NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Mount Olivet Cemetery Burial Washington D. C.
BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 40 0 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR VS. A15ME W. W. CHAMBERS CO.. Riverdale, Maryland, Criting S. Frank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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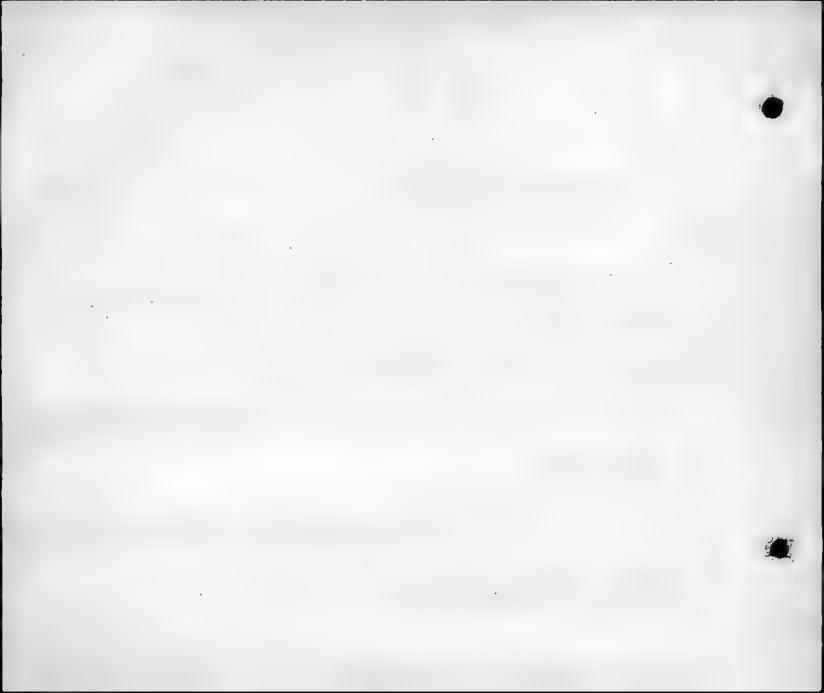
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3	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1/2	CERTIFICATE OF DEATH Reg. Dist. No. () 4714
Inector	,	DEACH OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If instrument Residence before admission) b. COUNTY b. COUNTY b. COUNTY
File	VI)	b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
shoots		d NAME OF HOSP TAL (If not in hospital) give street addressy d. STREET ADDRESS a IS RESIDENCE ON A FARM?
in by t	X	2000-somersel street 1200-somerset street 1 485 NO X
Filled j		NAME OF DECEASED (Type or print) Emal Florence Signar DEATH Opil 1961
Felely filler.	(=)	SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED BOATE OF BIRTH P. AGE (Ih years IF UNDER 24 HRS WIDOWED DIVORCED OF BIRTH ON Dighthay Windows Months Doys Haurs Min
nd camplelely on papers, Po death,	(A)	00 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if refixed)
an and carban ofter de		3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME)
physicia mave co		S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO.] 17. INFORMANT Address and Addre
tending pf blease rem ithin 72 k		You no or unknown (If you give wor or dotter of service) mrs. Winnie Rayner Daughter
attend attend withir		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
y the The		0.1 DUE TO Manure P. Il on toning of
gned b permit		Conditions, if any, which gave rise to immediate couse (a), stating the under-
ician.		tying cause fost. (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY
g phys has b urial-tr	73	(unputation left le q Det 24/60 for Gingrene: left fort YES NO D
tendin ficate the b		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPRED (Enternature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)
ar at is cert		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while foctory, street, office bldg., etc.) While Nat while foctory, street, office bldg., etc.) (State)
ospita ffer the		21. I certify that I attended the deceased from Dot 3 , 1960 to april 1961, that I last sow the deceased
Seloch o buri	,	alive an 121 alive and that death accurred at 6:36 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNEY
DIRECT DIRECT DIRECT I		SIGNATURE Thomas J. Kelly M.D. 6480 M. H aue
ze retaine ERAL Di 3 should gistrar pr		PHYSICIAN'S THOMAS J. KELLY M. D. Takioma Gark Ind.
may by FUNE page 3	,	20. BURIAL CREMATION, 226 DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
V5 A15 (4)		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESM - Rainer - 240. REC'D BY REGISTRAR'S SIGNATURE
15M 10/S7		Taking Trulial Home Med DATE APR 4 '61 Cirling S. France



TO HOSPITAL OF SITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms. pretained by the hospital or attending physician.

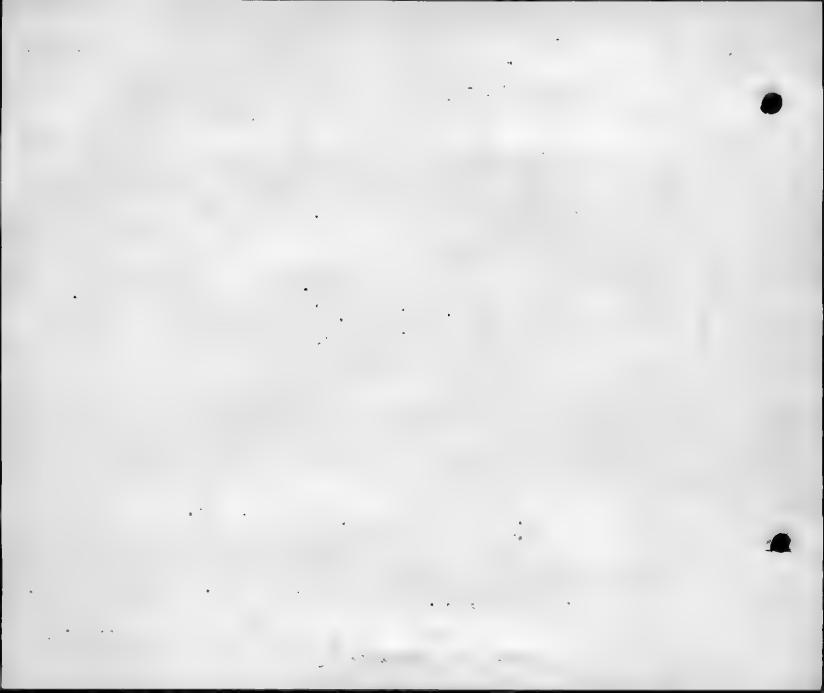
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciam and completely filled in financial director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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CERTIFICATE OF DEATH

M 4 4 4 1	44715
1 PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I ved. If institutions Residence before admission)
Prince Georges MARYLAND	Maryland Prince Georges
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 16 days	Upper Marlboro
d. NAME OF HOSPITAL OR INSTITUTION (4 not in hospital, give street address)	d STREET ADDRESS o. 1S RESIDENCE ON A FARM?
Prince Georges General Hospital	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer
(Type or print) Edith	Simms DEATH April 5 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
Female Black WIDOWED DIVORCED	8 Feb. 1926 35 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State or fora gn country) 12. C TIZEN OF WHAT COUNTRY
None Cook	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Percy Simms	Agnes Belt
15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO. 17. (Yas, no, or unknown) [(Hyasgivawarordatasofsarvica)]	INFORMANT · Address Md.
	Catherine Barnett Upper Marlboro
18. CAUSE OF DEATH [Inter only one cause per fine for (a), (b), and (c).]	INTERVAL BETWEEN ONSE AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY Thrombo	E 1100110
Jeff O. 1 DUE TO	
Conditions, if any, which the Hypertensive Hear	t Disease 3 Month
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c) Anemia	
PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS ALTOPSY PERFORMED?
L CAL	YES NO .
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH UITE THER, NOTIFY MEDICAL EXAMINER	D. (Entar natura of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL White Not White far	ACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata) ctory, streat, office bldg., etc.]
p.m. 19 at work at work	
21. I certify that (I) (this happing) attended the deceased from	Mar. 20. 1901, to APP. 5 1901, that (I) (we) las
saw the deceased alive on. Jar. 5	at death occured at 100 Afrom the causes and on the date stated above
22a SIGNATURE	ATTENDING MED STATE SIGNED
flu gulles	M.D. PHYS. DIRECTOR PHYS. 4/6/61
22c. PHYSIC AN'S NAME (Type)	6124 Centeral Ave., Capitol Heights, Md.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	oret denderal Aves, oubroot herghos, rus
23a. BURIAL, CREMATION, 23b. DATE THEREOF Z3c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 4-8-61 Moses	Anne Arundel Co., Md.
24 JUNEAN DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
I I WILL T UM END NOW T357 Here	HS A > DATE APR 11 '61 Circling & thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND OR TOWN (If outside corporate rimits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest 16wn e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Year OF DEATH DECEASED (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) ete Months Days DIVORCED | WIDOWED [popers. ā 10a. USUAL OCCUPATION (Give kind of wark done 10b. AIND OF BUSINESS OR INDUSTRY during mast of working life, even if retired) EoS (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? gud pau after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 car physicie 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT yes, mys war or dates of service) 9 endi 1B. CAUSE OF DEATH - Enter only one cause per line for (o) (b), and (c). INTERVAL BETWEEN Ö. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or ŧ **DUE TO** Conditions, if ony, which has been signed gove rise to immediate E d **DUE TO** couse (a), stoting the underand lying couse lost. burial-transit ART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removal, () YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Fica te (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bidg., etc.) o. m. While Nat while of work | of work that I aftended the deceased from _.thot I lost saw the deceased that death accurred at 3-20 AM, from the couses and on the date stated above. ADDRESS Street, city or town, state) may be retained by FUNERAL DIRECT page 3 should be de ACTUAL prior SIGNATURE PHYSICIAN'S registrar NAME (Type) BURIAL, CREMAT ON, 22b town, or county) abod 0 23 FUNERAL DIRECTOR'S SIGN **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) Class & for 15M 9/58

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DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission e. COUNTY e. STATE b. COUNTY PRINCE GEORGES MARYLAND OHIO b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comorate limits, write RURAL and give n rest town) write RURAL end give neerest town ANDREWS AFB, MARYLAND EAST CLEVELAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENC ON A FARM? USAF Hosp, Andrews AFB, Maryland 13520 SUPERIOR YES NO T 3. NAME OF 4. DATE DECERSED OF (Type or print) LOTS DEATH 19 61 STECKEMPER APR IT. 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Davs Hours FEMALE CAUCASTAN WIDOWED [DIVORCED 27 JULY 1908 52 10a. USJAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired United MILITARY SERVICE IINKNOUN UNITED STATES States Air Force 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED STECKEMPER UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknwn) [(Ifyes give wer or deles of service) YES 15 YRS PERSONAL EFFECTS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL SETWEEN ONSET AND DEATH DEATH WAS CAUSED BY-CORONARY HEART DISEASE IMMEDIATE CAUSE (e) IMMEDIATE DUE TO IMMEDIATE Conditions, if eny, which VENTRICULAR FIBRILLATION (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NUTRITIONAL CIRRHOSIS YES NO CERTIFIC 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pent I of Iem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg , etc i Hour em. While Not While at work at work saw the deceased alive on 10 April ...1961... and that death occurred at 9 AM. from the causes and on the date stated above 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 10 Apr 61 M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GERALD RESNER, Capt USAF MC USAF Hosp, Andrews AFB, Maryland 123c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR 25b. REGISTRAR'S SIGNATURE Centium & Heart

MARYLAND STATE DEPARTMENT OF HEALTH

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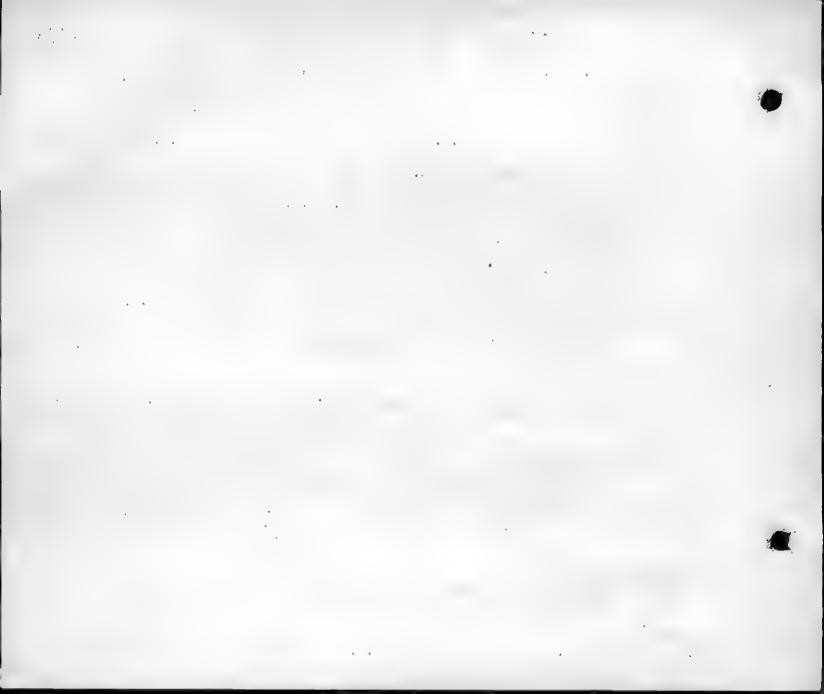
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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4731	CERTIFICATE OF DEA	ATH

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1 PLACE OF DEATH a, COUNTY	73 CI .			l II	a. STATE	DENCE (Wh	iere deceased	l lived. If instit b. COUN		nce befar	re admiss	ian)
u. coo	Pr. Geo.		MARYLAI	NÐ	G. 517(1)	Mary	land	b. COUN	Pr	. Geo	0 .	
RURAL and give no	f outside corporate limi arest tawn) 'est Hights	ts, write	c. LENGTH OF STAY IN	16	CITY OR	,		rate limits, write est Hight		give nea	rest tawr	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	jive street a	ddress)		d. STREET	DDRESS		-			e. IS RES	IDENCE FARM?
5	11528th I	arkwa	y S.E.		5115	28tl	h Park	way, S.	E.			NO 🔽
3 NAME OF DECEASED	Fir B	TTIR	Middle L		SULL:		4. DATE OF DEATH		Nanth	Dog	,	Year
(Type ar print)				_ 1-			DEATH		A	Oth		196] R 24 HRS
S. SEX	6. COLOR OR RACE		ED NEVER MARRIED		DATE OF BIRT		20	9 AGE (In year last_bighda)	Months	Days	Hours	Min
Female	White	WIDOWE	-		Nov. 1	*			rs.			
during mast of wark Retii	ing life, even if retired)	tind of Business or it hool Teachet			. `.		ountry)	12 CI			OUNTRY?
13. FATHER'S NAME	Gu	50	noor reache.	I.	14. MOTHER'S	ISSISS MAIDEN N				USA		
	114 am T 17	الحماسة أحمد			_	_						
	lliam J. K					ora Es	aves					
15 WAS DECEASED EVE {Yes, no, or unknown}	R IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO.		RMANT				ddress			
				Agn	es Law	, 5115	5 28th	Parkwa	y S.E.			
18. CAUSE OF DEA	TH [Enter anly one co	ouse per line	e far (a), (b), and (c).							INTE	RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY	. 1	Rteriosele	~ A X	11/2	10%	0			UNS	ET AND	DEATH
72 no	IMMEDIATE CAUSE (d		11-11-10-0 CKL	CPE I	/c_/_/~	K/8/	1211041	41/·			<u> </u>	·
7 -0		·										
Canditions, if a	m mediate	•										
cause (a), stating			701.01	,	. 0.			, etc.		1	11/	
lying cause last.) (c	,	PRTERIOOL	-	41	ner he	304	14111	audi-		_/_'	9.
PART I. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELAÇED TO	THE TERM	MAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(0:) 1	9, WAS PERFC	AUTOPSY RMED?
3											YES 🗌	ио □
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCC	URRED.	(Enter nature o	if injury in I	Part I ar Par	t II of item 1B)				
\$ 20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. IN	JURY OCCURRED 20	e PLAC	E OF INJURY	Hame, farm	n, 20f (City	ar town)		(Caunty)		(State)
20c. TIME OF INJUR Haur a. m. p. m.	19	While at wark	Nat while at wark	facta	ry, street, affic	e bldg., etc.	-)					
21. 1 certify the	t (1) (this haspita	l) attende	ed the deceased fro			12	50 ta_	4-3				we) last
saw the deceas	ed alive an	/- 9 0	196/ and th	at de	ath_accurre	d at/2	M, fram	the causes	and an th	e date	stated	abave
22a S.GNATURE	I. Calar		-		ATTENDIN	G _ MI	ED	STAFF		,	22	DATE SIGNED
22c PHYSICIAN'S	A. (a.a.)	200		M,	D PHYS 22d. ADDR		RECTOR [PHYS [7-2	0-0
NAME (Type)	John S.	CA	LARCO M	0	380		tleyd.	RU L	E. W.	Ash.	20.	OC.
23a. BURIAL, CREMATIC			23c NAME OF CEMETE	RY OR	CREMATORY		23d. LOCA	TION (City, taw	n, ar caunty)	(Sta	le)
REMOVAL (Specify) Burial	May 2,	1961	Cedar Hil	11 0	emeter	7	S	uitlahd	. Marv	rland		
24 FUNERAL DIRECTOR	COLUMN		1 DDDCCC			·	D BY REGIST		GISTRAR'S			
Semmons	10	olG	ood Hope Rd.	. S.	E.	-		61	arthur	S. the	CO.A.	



DATE ALT

Certifing S. France

VS A15 (4)

15M 9/5B



W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE Item 22a film G285 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmiss on) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY Health Princip Chorchis MARYLAND PRINCE GEORGE'S b. CiTY OR TOWN (if outs'da corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town] (C)SESN'ASISTEN D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) G. STREET ADDRESS e. IS RESIDENCE ON A FARM? PRINCE GEORGE'S GENERAL HOSPITAL THITTINGTON YES NOW 3. NAME OF First Middle 4. DATE DECEASED OF [Type or print] DEATH DORA TAYLOR APRIL ¥ith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with lest birthday) Months Days and Hours I Min. and 2 2 hours WIDOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if relired) 8. Give Pages 1, U-S-Awithin NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANIEL G. GEE CAROLINE MCGEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdetes of service) Mr. James R. Taylor Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN along transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** enderwoodles renal des gave rise to immediate cause DUE TO (a), steting the underlying the word "pendin Medical Examiner cause lest. nsed PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181, 19. WAS AUTOPSY CERTIFICAMON PERFORMED? Medical Es NO plnods 206 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. [20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, : 20f. [City or town] (County) 20c. TIME OF INJURY Month, Day, Year (Slate) factory, street, office bldg., etc.) Not While Hour a.m. at work el work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry 1 20 and in my opinion death resulted from: Natural causes . Accident Suicide Homicide Undetermined manner be forwarde CHIEF MEDICAL EXAMINER DEPUTY MEI designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINED'S 1961 Should | BOYD, NAME (Type) JAMES Address (Street, city, town, or county) 22a, BURIAL, CREMATION, I 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) REMOVAL (Specify) 40 g Shipped FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE app 2 0 '61

VEAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution, Residence a. COUNTY b. COUNTY Prince George Prince Georgez MARYLAND b. CITY OR TOWN (if outside corporals I mits, CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mt. Rainier Days Cheverly a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Prince Georges General Hospital YES NO TO Newton 4. DATE DECEASED (Type or print) DEATH 19 Benjamin .
6. COLOR OR RACE 7. MARRIED NEVER MARRIED X Thomas 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday) 31 Aug 1960 Male WIDOWED [D VORCED 12 CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stale, or foreign country) dona during most of working life, avan if ratired! Infant Washington D. C. USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shirley K. Williams Thomas Nelson F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | [Ifyesgiva war or dates of service] remova Nelson F Thomas-Father-same 1B. CAUSE OF DEATH (Enter only one causa par line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 206 ACCIDENT WAS UNDERLYING ____ 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.)
OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (Stata) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., alc.) While Not While Hour a.m. el work at work 21. | certify that (1) (this hospital) attended the deceased from 4-5 196/ to 4-10 196/ that (1) (we) last ... 19.6., and that death occurred at 1.5.4. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a_SIGNATURE ATTENDING SIGNED DIRECTOR PHYS 22d. ADDRESS PHYSICIAN NAME (Typa director, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Burial Parklawn Cemeterv Rockville. Maryland 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE PR 1 2 161 15M 9/60 6000

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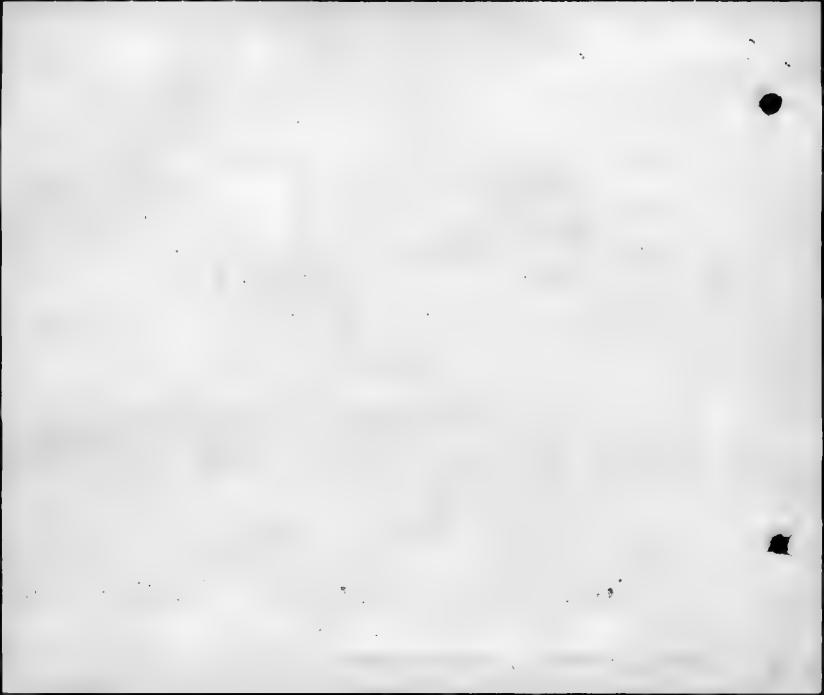
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physician

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HOSPITAL OR sath. Page 4 ms

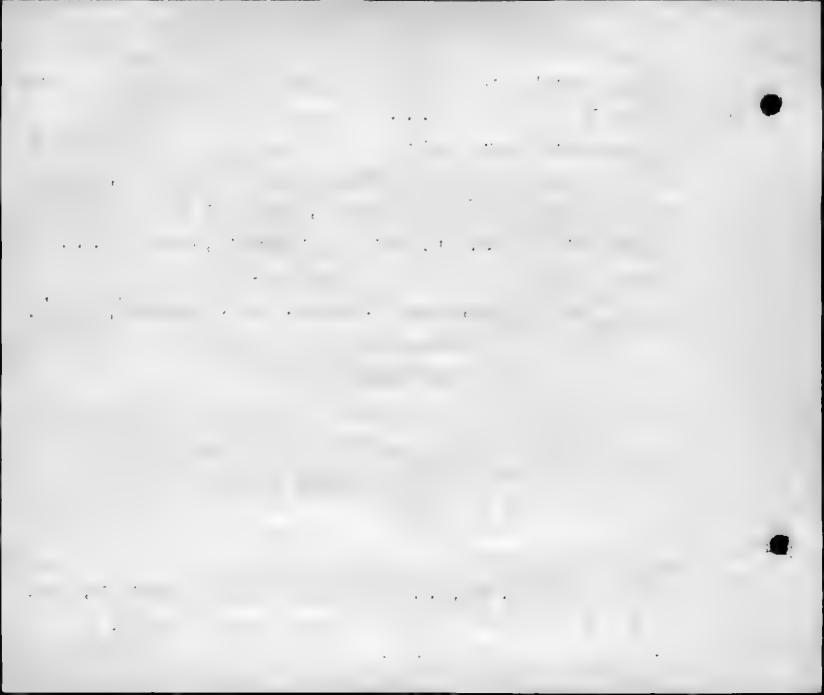
please attending parties



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF BEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) = COUNTY Page b. COUNTY Prince George's County Prince Georges es. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 6 D.O.A. Cheverly Lenham for you ny delay is r funeral dire Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. 15 RESIDENCE ON A FARM? retained he state B 8804 Ardmore Road Prince Georges General Hospital YES NO death. NAME OF Month Year DECEASED OF (Type or print) 1967 JOHN THOMSON DEATH April with the 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years , FUNDER ! YEAR JE UNDER 24 HRS. and if will last birthday) Months Devs pue Male White W.DOWED [DIVORCED T July 16. 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, done during most of working life, even if retired) U.S. Gov't. Printing U.S.A. Linlitheow Shire, Scotland Pressman (Retired) within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Archibald Tomson Susan Garvie WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2745 73d Place, (Yas, no, or unknwn) (Ifyes g. ve war or dates of service) ¥ij Hyattsville, Maryland. Yes, unknown Mr. Edward R. Conner. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along build literating ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion pencil IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Coronary artery disease gave rise to immediate cause 0 DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)1 19 WAS AUTOPSY PERFORMED? NO X Medical sharing 20e. EXTERNAL CAUSE WAS 20b: DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f., (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) Boe factory, street, office bldg., atc.) While Not While at work at work forwarded to the Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy | | Inquiry X and in my opinion agent, death resulted from. Natural causes V Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [lease execute the should be forward PUNERAL LIR ACTUAL ASSISTANT MEDICAL EXAM, NER DATE SIGNED SIGNATURE EXAMINER'S BOYD, M.D. JAMES I NAME (Type) Address (Street, city, town, or county) 226. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) 1961 Fort Lincoln Cemetery Colmar Manor, Md. Burial 40 6 23. FUNERAL DIRECTOR --- - ADDRESS -- . -APR 1961 24b. REG STRAR'S SIGNATURE AISME F. Gasch's Sons arthur & Trace Hyattsville, Md. 5M 7/59 DATE

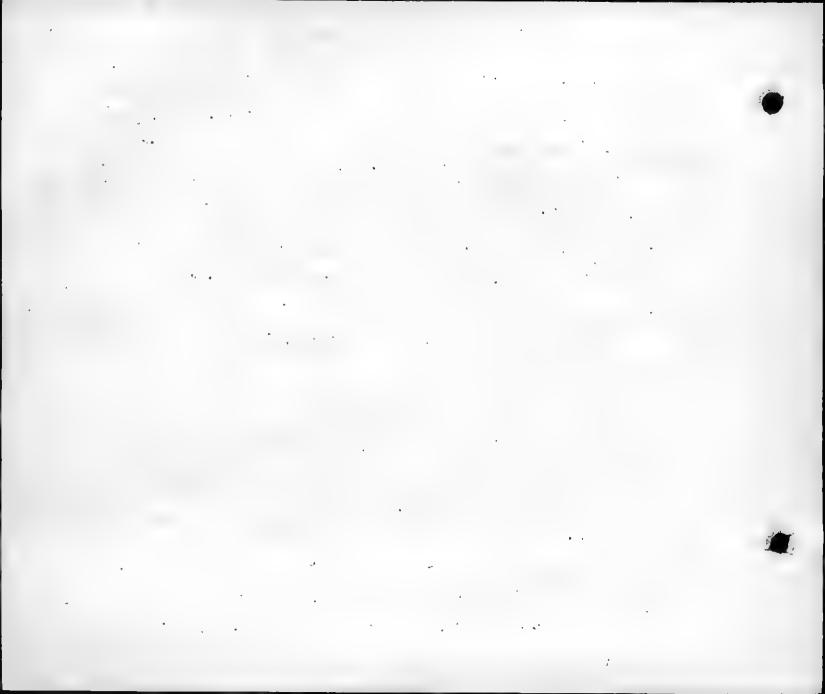


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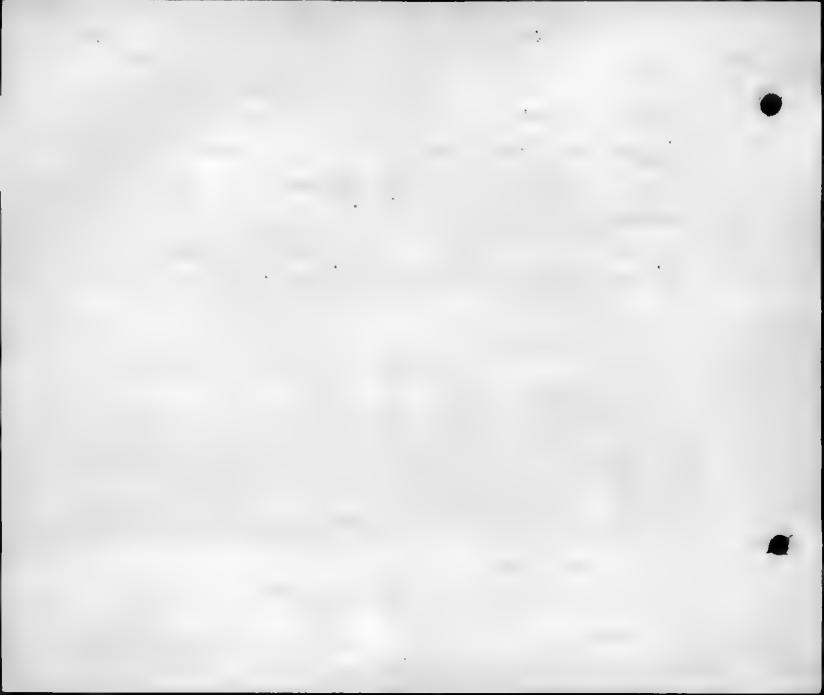
ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
2 10	CERTIFICATE	OF DEATH	

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	2737 CERTIFICATE OF DEATH	Reg. Dist. No. 114724
1	o. COUNTY Bruce GeorgeMaryland o. STATE Waryl	cosed lived. If institution: Residence before admission)
-	b. CITY OR TOWN(If outside corporate limits, write RURAL and give nearest fown) ONAME OF HOSPITAL (If not in Nospital, give street address) OR INSTITUTION ON THE CONTROL OF TOWN (If any de control of the control o	proporate limits, write RURAL and give nearest town)
3.	3. NAME OF DECEASED (Type or print) W//// GM Thom PSOM. Lost OF DEA	12 01
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HE last birthday) Wanths Days Hours Min. 12 CITIZEN OF WHAT COUNTR
13	during most of working life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	Parofine U.S. 9
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (Yes, no, or unknown) (IF yes, gree wor or dates of service)	Address 916-60 A WE TPAIR FAIRMET 1479
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAMBER DF. PROSTE T-	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	
CERTIFICATION	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	PERFORMED? YES NO P
MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Hour a. m. p. m. 19 While Not while at work at work at work	(City or town) (County) (Stat
	alive an 4-26, 1961, and that death accurred a 1.05 p.M. fro	the causes and an the date stated above (Street, city or town, state) DATE SIGN
22	PHYSICIAN'S NAME (Type) / C B-C OM, MD LUTA DE 1220 BERTIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMESTERY OR CREMATORY 220. LC	CATION (City, town, or county) (State)
23	23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 4925 DOCK THE DATE MLY 2	ighlimil PK. Md



STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY, **b.** COUNTY June Eles b. CITY OR TOWN (I outside corporete limits. a. IS RESIDENCE ON A FARM? YES NO Z NAME OF 4. DATE Year DECEASED OF DEATH (Type or print) 19 carbon 9. AGE (IT FOOTS IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and last birthdey) Months Hours WIDOWED | DIVORCED physician 1 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 940 inty & State, or fore gn country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Addrass (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), slating the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118. 19. WAS AUTOPSY PERFORMED? NO 206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. [Cily or lown] (Stete) 20c. TIME OF INJURY (County) Month, Dev. Year Not While factory, street, office bldg., etc.) While at work at work 21. I certify that (I) (this hospital) attended the deceased from appart. 1961, to Gand 4, 1961, that (1) (we) last 22b. DATE 22s. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. M.D. PHYS. FUNERAL. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town REMOVAL (Spec fy) 中岛 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) DATE APR 15M 9/60



Page Filed death. within 24 hours after the 4 p Ξ ě Filled death. ages completely papers. pup pau 22 200 physician remaye attending please the à signed per physician. burial-transit ь has been crematian, attending certificate the aspital pached

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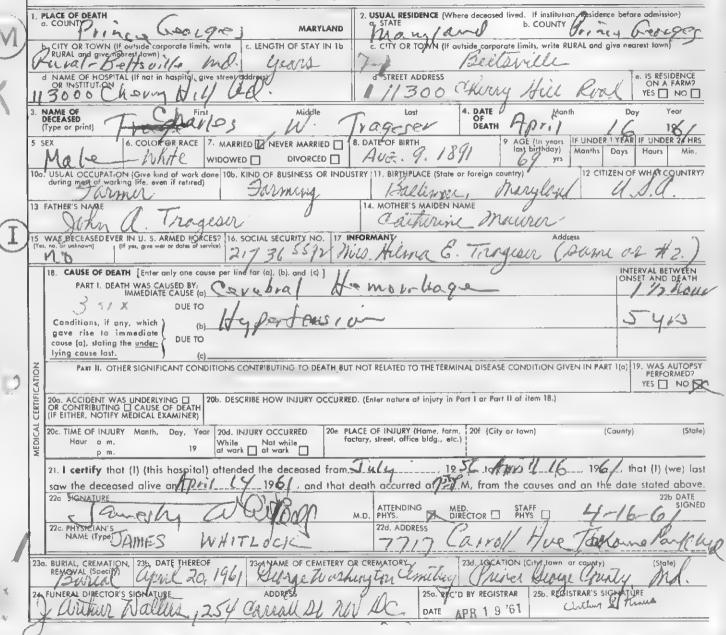
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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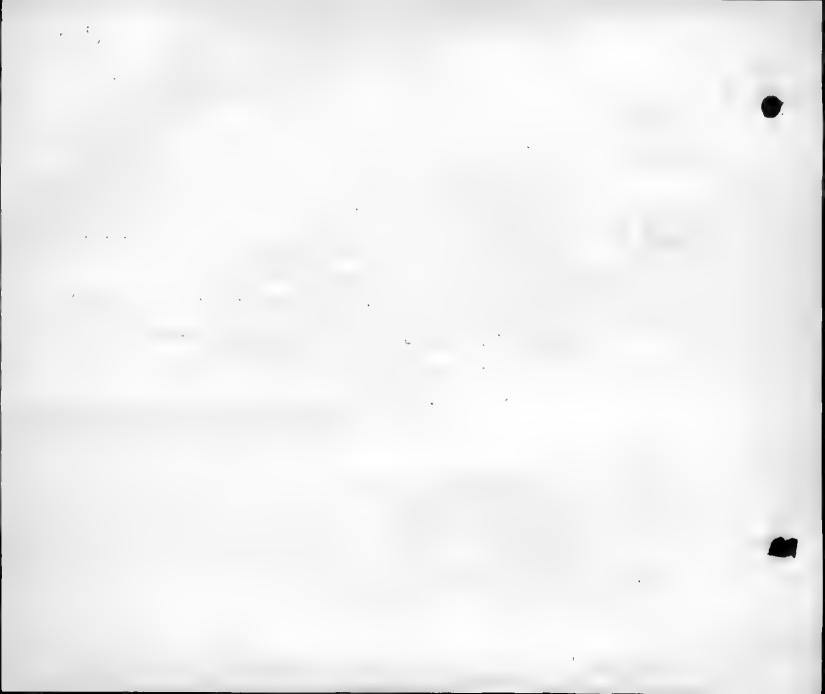




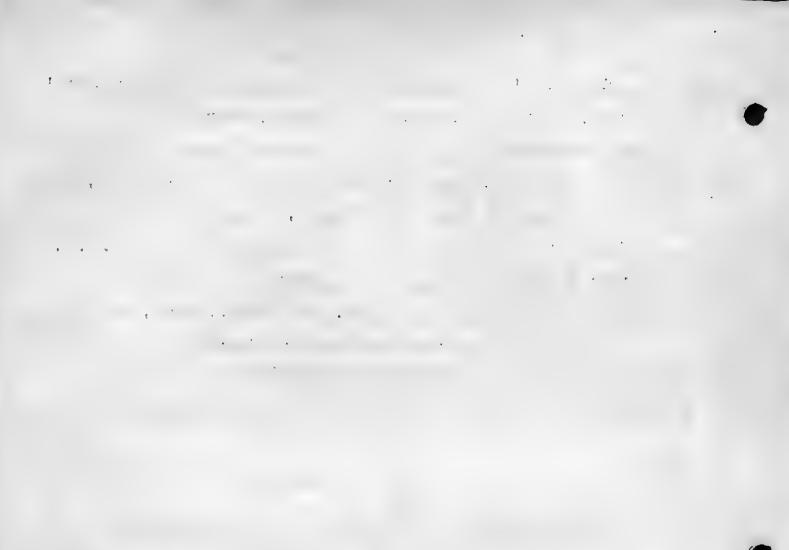
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion e. COUNTY Prince Georges Prince Georges MARYLAND ON b, CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give neerest town) write RURAL and give nearest lown) Fairmont Heights 10 days after Cheverly a. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARMS YES NO Printe Georges General Hospital 61st 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH 19 April 61 George Travers AGE (In years IF UNDER 1 YEAR) 16 COLOR OR RACE T. MARRIED NEVER MARRIED IF LINDER 24 HRS last birthdey) Months and WIDOWED-Oct. Male Black physician 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & Stete, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if ret rad) U.S.A. Maryland 13. FATHER S NAME MOTHER'S MA DEN NAME please and in a a attending parties of The please Unknown Bertha Fenwick 15. WAS DECEASED EYER IN U.S. ARMED FORCES? To. SOCIAL SECURITY NO. 1 17. INFORMANT Address loval, (Yes, no, or unkown) | (Ifyes give war or detes of service) Pearline Travers 1623 Holbrook St., 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 days Cerebral Thrombosis IMMEDIATE CAUSE (a) DUE TO Creebral Arteriosclerosis Unknown (b) gave rise to immediate cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? NO P 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from 12 Apr 1961 to 22 Aprid 19 61 that (1) (we) last19. 61 and that death occurred at 7.5.44 M. Alam the causes and on the date stated above. saw the deceased aliver on... 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 22d. ADDRESS 22c, PHYSICIAN'S Cenral Ave, Capitol Hghts., NAME (Type) Dr. Peter Duus., M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State) 23a. BURIAL, CREMATION, | 23b. EMOVAL REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE APR 2 6 61 Civiling & Timena VR A15 (4) APR 2 6 '61 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH With director within 24 hours after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY P Prince George **b.** COUNTY Prince George MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 Years College Park College Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE she she OR INSTITUTION ON A FARM? 22 5007 Muskogee Street YES NO I 5007 Muskogee Street .⊆ NAME OF Middle Month Doy Year filled DECEASED ALICE EDITH UFHEIL April 1961 DEATH 20. Pages (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In veors pletely lost birthdoy)
61 yrs. Months! Days Hours White Female WIDOWED [7] DIVORCED | April 21, 1899 papers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY, 11 8IRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? Housewife during most of working life, even if retired) U.S.A. Own Home England pup pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 00 physicion c Unknown John Thorn remave IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mr. Fred Ufheil Same as #2 (Husband) none attending no please VIIO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO á Conditions, if ony, which beub gave rise to immediate DUE TO couse (a), stating the undercertificate has been sue os the Eurial-transit lying cause lost. physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPS' PERFORMED? YES NO or attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21 I certify that (I) (this haspital)/attended the deceased from // 1961, that (1) (ye) last saw the deceased alive an. (220. SIGNATURE 226 DATE SIGNED may be retained b. FUNERAL DIRET Sage 3 should b≡ d DIRECTOR 22c PHYSICIAN'S NAME (Type) 236 DATE THEREOF 23a. BURIAL, CREMATION. 23c NAME OF CEMETERY OR DEPLOCITIONS 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4/25/61 Arlington National Arlington Va. o 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) Francis Gasch's Sons Hvattsville, Marvland 1SM 9/S9



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased fixed, If institution: Residence before admission) e. COUNTY b. COUNTY files. Prince George's b. CITY OR TOWN (if outside corporate limits. MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 16 write RURAL and give neerest town and 3 to the funeral control may be retained for your Cheverly Manor 5 years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Cheverly Manor be retained for the the State Board d. STREET ADDRESS . IS RESIDENCE ould be executed within 24 hours after death. If any delay 'in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of Office along with form PM3. Page 5 may be retained for burial-transit permit, File pages 1 and 2 with the State 80a noval, and in any great within 72 hours after death, ON A FARM? death 3. NAME OF YES NO 64th Avenue 64th Avenue 4. DATE Month Year OF DECEASED (Type or print) DEATH 19 61 Ambrose Upfold 6. COLOR OR RACE T, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE IIn yours HE UNDER I YEAR IF JNDER 24 HRS. last birthdey) Months WIDOWED -White **■**VORCED Male White 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Brick Layer U. S. A. Reti red Fnøland 14. MOTHER'S MAIDEN NAME Arthur Upfold Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Unknovn Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mr. Walter Forard Thomses, same 18. CAUSE OF DEATH [Enler only one cause per I ne for (e), (b), and (c).] AS # 2 ONSET AND DEATH PART I, DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Acute congestive heart failure **DUE TO** Cardidvascular renal disease (b) gave rise to immediate cause DUE TO (a), sleting the underlying Medical Examiner cremation, PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I'e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO XX 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ; 20f. (C'ty or town) (County) (Stete) fectory, street, office bldg., etc.) MED While Not White at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📆 Inquiry 😿 and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY April 20, 1961 EXAMINER'S NAME (Type) ames I Boyd Address (Street, city, town, or county) 22a, BURIAL, CREMIATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Ft. Lincoln Cemetery ₹40 p Pr.Geo.Co. burial 23. FUNERAL DIRECTOR VS. ATSME The S.H. Hines arthur & Kines Co.-2901 14th S 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	4745 Them CERTIFIC	AIE OF DEATH	(1210()
,	1. PLACE OF DEATH O. COUNTY OF PINCE GERGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: R b. COUNTY	esidence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	C CITY OR TOWN (If outside corporate limits, write RURAL ALEX ANDRIA VA	5 - 1
1	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CARROLL MANOR 4922 LA SALL)	d. STREET ADDRESS	W65 YES NO
-	3. NAME OF First Middle	Last 4. DATE Month OF DEATH AFRIL	Day Year 2 19 6 /
j	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH JUN C 26-1872 889 Ff yrs.	INDER 1 YEAR IF UNDER 24 HR nths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	MT. STERLING Kentury	2. CITIZEN OF WHAT COUNTRY
	LANDONT, CHILES	MARY MITCHEL	_
		, INFORMANT Address	wall monor
	18. CAUSE OF DEATH [Enter only one couse per line for {o}, (b), ond (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stoling the under-	eloblatic Lev Kemia	INTERVAL BETWEEN ONSET AND DEATH OLD BEECL
	Iying couse lost. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO
		RRED. (Enter nature of injury in Part 1 or Part 11 of item 18)	
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. Hour o m. 19 White Not while of work 19 of work 19	PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)	(County) (Stot
	21 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on Charles 1964, and that	m	19.61, that (1) (we) long the date stated above
	220 S GRATURE W. Jones 220 SHISIC AN'S NAME (Type)	M.D. ATTENDING MED. D RECTOR STAFF	4pris 2, 1961
W.	230. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETER'S REMOVA (Specify) 4/2/61	Y OR CREMATORY 23d LOCATION (City, town, or co	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRA	R'S SIGNATURE

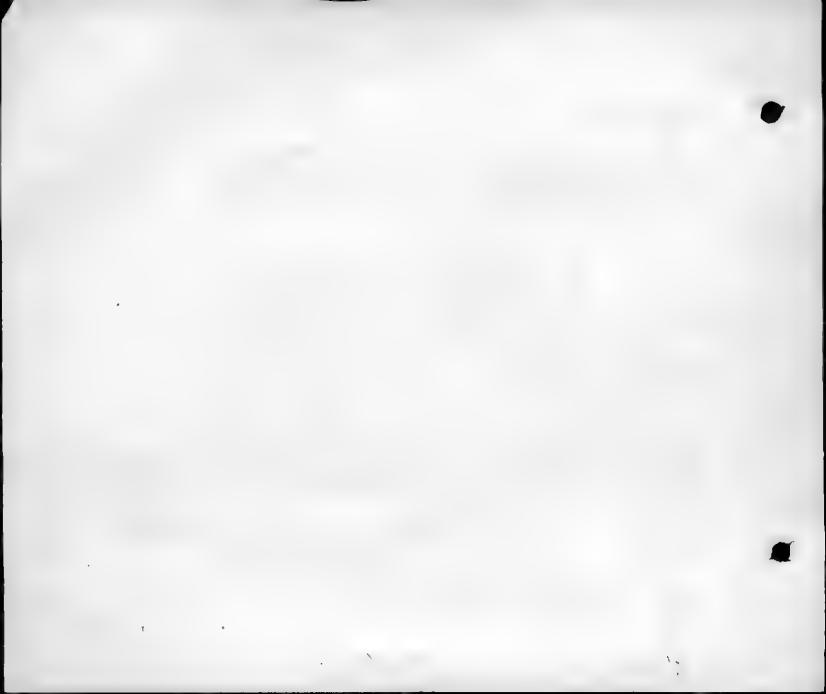
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave carban papers.

VR A15 (4) 15M 9/59

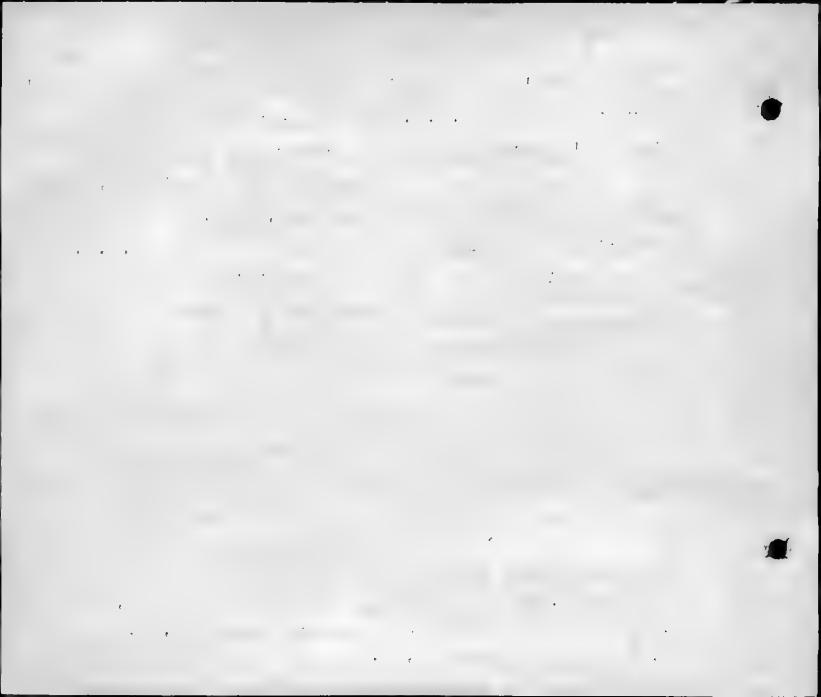
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ral director, be filed with



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate i, mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town)
Cheverly D. O. Board S C d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? Pince George's General Hospital be retained State YES NO Nicho] 3. NAME OF Year and 3 to the DECEASED OF (Type or print) MAIV DEATH Anne 1961 April with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may b age 5 may f and 2 will 72 hours last birthday) Months (Hours Female White MIDOWED DIVORCED November uld be executed within 24 hours after in pencil in them 18. Give Pages 1, 2, ar Office along with form PM3, Page 5 m 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Housewife Own Home U.S. within. Maryland Office along with form PM3. burial-transit permit. File pages novel, and in any event within 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME This certificate should be executed within 24 Porter De Witt Lula Griffith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, quunkown) | (Ifyesgivewerardetesofservice)] 16 Olin Vaughn, same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HRTERY HROMBOSIS RONARY MMEDIATE CAUSE (a) Office DUE TO removal. ORONARY HATERY ATHEROSCLEKOSIS Conditions, if any, which gave rise to immediate cause ng. Examiner's "pending" DUE TO SB (a), stating the underlying ò pesn cremation, PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 carifficate, writing the word YES 🟋 NO [Medical plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT EXAMINER: lease execute the drifficate, writing me should be forwarded to the Chief Me PUNERAL DIRECTOR: Page 3 shr CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. el_work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🔭 Inspection 😿 Inquiry and in my opinion Natural causes X. death resulted from-Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY ME ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Kype) Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) April 12, 1961 Fort Lincoln Cemetery Burial 240 g Colmar Manor, Md. Ö ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME C-Thur & Thousa DATE APR 1 2 '61 F. Gasch's Sons Hyattsville, Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



EET. BALTIMORE 1. MARYL CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, if institution: Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside copporeta lim ts, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Moutside corporete limits, write RURAL and give necrest town) write RURAL and give nearest lowe! filled d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address n. IS RESIDENCE d. STREET ADDRES ON A FARM? YES NO T NAME OF DATE BECEASED OF Typa or print) DEATH 5. SEX 9. AGE No Years HE UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED iast birthday) Months | Devs Hours 69 yrs. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work pllysician State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) 13. FATHER'S NAME please affending Then (Yes, no, or unkown) | (If yes give wer or deles of service) 18. CAUSE OF DEATH [Enter only one INTERVAL BETWEEN use per line for (e), (b), end (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUT FERMINAL DISEASE COND T ON GIVEN IN PART 1(a), 19. WAS AUTOPS CERTIFICATION PERFORMED 20e. ACCIDENT W OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING IN CAUSE OF DEATH 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City (County) (Slata) 20c. TIME OF INJURY Month, Dey, Year ar lown) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work, that (I) (T) last lattended the deceased from... to .T saw the deceased alive of 22e. S GNATURE ATTENDING STAFF DIRECTOR death. Page 4 O FUNERAL 22c PHYSICIAN'S NAME (Type) 23s. BUR AL, CREMATION, 23b. 23d, LOC (Stete) 0 24 EUNERAL DIRECTOR'S SIGNATURE 25e REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE APR 11 '61 arilling & H.



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY a. STATE June 165 Fr. Georg MARYLAND b. CITY OR TOWN (if outside corporate simils, c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO DECEASED OF 1961 (Type or print) DEATH IF UNDER 24 HRS. 9 AGE (In years 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY Own Home HOUSE WAR phy: 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending pl 15. WAS DECEASED EVEN IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFORMANT Then (Yas, no, or unkown) | (Ifyesgive war or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for tal-fbr, and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate cause DUE TO (a), stating the underlying THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING CERTIFICATION PERFORMED? NO O 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of them 18.) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY (County) Month, Day, Year factory, street, office bldg., etc.) While Nat While Hour a.m. at work at work 21. I certify that (1) (this hospital), attended the deceased from 1.4..., 1961, that (I) (we) last and that death occured at 2. A.M. from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED THYS. DIRECTOR PHYS. HOSPITAL ath. Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type N050 MdCem 123d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cedarville Gospel Cedarvi 0 25e, 'REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) bros.Fun'l Home-Upper Marlboro,

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY b. COUNTY Prince George Marvland Prince George's MARYLAND b CITY OR TOWN (f outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) write RURAL and give necrest town) D. O. A. funeral dira L STREET ADDRESS Park Road d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE Dobson Clinic ONLA FARM? 3. NAME OF Middle . 4. DATE Month OF (Type or print) Watson DEATH April 61 Edward Charles 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years , IF UNDER I YEAR IF UNDER 24 HIRS lest birthday | Months | Days | Hours Aug. 10, 1904 WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) II.S. Gov't Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick M. Watson Julia Dent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgive war or deles of service) Wilson, Georgie A. Same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Coronary Artery Disease gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19. WAS AUTOPSY PERFORMED? Medical pino 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, '20f. (City or lown) fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inqu'ry and in my opinion death resulted from. Natural causes A. Accident Suicide . Homicide I Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MED ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE April DEPLTY MEDICAL EXAMINER A /James I. Boyd, NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY O 40 6 24e. REC'D BY REGISTRAR VS. ATSME 5M 7/59 Circlian S. Tiraus

RYLAND STATE DEPARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before edm ssion) 1. PLACE OF DEATH e. COLINTY e. STATE **b.** COUNTY Prince Georges MARYLAND Maryland Prince Coorges.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Pomtiac Street 6201 Riverdale, Maryland 2 Pages . IS RESIDENCE d. STREET ADDRESS I'd NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO T Eugene Leland Memorial College Park, Marvl 3. NAME OF Year Middle DECEASED DEATH April 61 (Type or print) 19 Margaret Mahel Willard " UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED TYNEVER MARRIED 8. DATE OF B.RTH 9. AGE (In years IF UNDER 24 HRS. 5. SEX last birthday Female White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician remove done during most of working life, even if retired) own home Houseiwfe Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending ph Then please r Marie Haves 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) Mrs Roberta Hill College Park, Md. ian. 1B. CAUSE OF DEATH [Enter only one couse per time log (e), ,b), eng (c) INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)_ DUE TO geve rise to immediate causa DUE TO (e), stating the underlying couse last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY cate PERFORMED? 92 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part/II of Item 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While While Hour e.m. el work et work 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive or DATE 22b. 22e. SIGNAX **ATTENDING** SIGNED DIRECTOR PHYS. PHYS O HOSPITAL death. Page 4 page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 21d. LOCATION (City, lown or county) 230. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor, Md. \$ d 0 Burial May 1, 1961 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Clithur S. Thousa Hyattsville, Md. 15M 9/60 F. Gasch's Sons DATE

DYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4750 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY a STATE Filed b. COUNTY MARYLAND within 24 hours after death CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 24 2202-0 4. DATE OF DEATH NAME OF First Middle Last Month filled DESCRIPTION OF THE PERSON NAMED IN COLUMN 1 Pages (Type or print) 0 death S. SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE I'm years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months WIDOWED [yrs. papers. dmoo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? foreign country) during most of working life, even if retired) ron pup pou 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 200 physician .⊆ with гетоме ARMED FORCES? 17. INFORMAN SOCIAL SECURITY NO Address WAS DECEASED EVER tending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY ā IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which permit (b) gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20g. ACCIDENT WAS UNDERLYING [] certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year fectory, street, office bldg , etc.) Hour o. m. Not while While ot wark ot work p. m 19_5/_, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from.

may be retained by PUNERAL DIRECTO ġ, should page the St 0

saw the deceased alive an.

236 DATE THEREOF

22a SIGNATURE

22c PHYSIC AN'S

NAME (Type)

BURIAL, CREMATION

EMOVAL (Spec fy)

24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 1SM 9/59

OF CEMETERY OR CREMATORY

19 G, and that death accurred at 2

M D

ATTENDING PHYS

22d ADDRESS

23d LOCATION (City, lown, or county)

DIRECTOR

256, REGISTRAR'S & GNATURE

M, from the causes and an the date stated above

IS RESIDENCE

ON A FARM

YES NO

INTERVAL BETWEEN

PERFORMED? YES NO

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226 DATE

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Day

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Year

19 6

25a REC'D BY REGISTRAR Circling S. Through



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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V		LACE OF DEATH	- C-0-00-0	MARYLAN		USUAL RESIDENCE (WHO STATE		b. COUNTY		before admir ce Geor	- 1
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	_	RURAL and give neare	st town)					ole tannis with	KAL OUR BU	TO THE COT OF	
		amp Springs	(If not in hospital, give stree	1 DAY 23 HF	S	Camp Sprin	ngs			IC DE	CIDENICE
0		OR INSTITUTION	AF HOSPITALA		-	d. STREET ADDRESS 213 Colonie	al Dri	ve 1		ON	SIDENCE A FARM?
-	3. 1	NAME OF	First	Middle		Lost	4 DATE	Mont	h	Day	Year
		DECEASED (Type or print)	AMES	(A)		WILSON	DEATH	APRIL		15	1961
	5. 5	SEX 6	COLOR OR RACE 7 MAR	RIED NEVER MARRIED I	B. D.	ATE OF BIRTH	1	9 AGE (In years	IF UNDER T	YEAR IF UND	
		MALE	CAUC WIDOW	/ED DIVORCED	1 2	2 Feb 1961		lost birthdoy) yrs	Months 2	19ys Hours	Min.
	10a	 USUAL OCCUPATION (during most of working 	(Give kind of work done 10b	. KIND OF BUSINESS OR II	NDUSTRY	11 BIRTHPLACE (Stote	or foreign co	ountry)	12 CITIZI	EN OF WHAT	COUNTRY?
		None	,	N/A		Maryland			Uni	ted St	ates
	13.	FATHER'S NAME			14	. MOTHER'S MAIDEN N	AME				
		AMES L. WIL	SON			ELIZABETI	H JACK	SON			
<i>)</i>	15	WAS DECEASED EVER IN	U S. ARMED FORCES? 16	SOCIAL SECURITY NO.	7 INFOR			Addr	ess		
	[Yes		ns, give wor or dotes of service)	NT /A	JAME	S L. WILSON	T C.	ame as de		A	
	-	NO DEATH	Enter only one couse per	line for (a) (b) and (c) 1	el Hilli	OCTT M TIT CI	N D	ama as de	CERPE	INTERVAL B	ETWEEN
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		422	· 2 DUE TO	, ,		1. 41	ии	enditio			
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		couse (a), stating the		0							
	_	lying cause lost) (c)								
	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	INAL DISEASI	E CONDITION G VI	EN IN PART	PERF	ORMED?
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		(IF EITHER, NOTIFY ME	DICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY	Month, Doy, Year 20d.	INJURY OCCURRED 20		OF INJURY (Home, form		or town)	(Co	unty)	(Stote)
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			l) (this hospital) atten				- 464	' 3			
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230. BURIAL, CREMATION, 236. DATE THEREOF 232. NAME OF CEMETERY OR CREMATORY								TON (City, town, o	r county)	(510	ote)
	1	OURIAL	18 HARIX 146		TON	URTIONAL		LING 701	7	4	
	24	FUNERAL DIRECTOR'S SI	IGNATURE 6	ADDRESS	30 1	2So REC'	APHREGIST	RAR 1 25b, REGIS	TKAR'S S GI		
	11	in white there	12 CHEST RATES	HXL	11. 3.	MATE.					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by capital or othending physician.

TO FUNERAL DIRECTS. After this certificate has been signed by the attending physician and completely filled in by the f. director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaut, the Wied with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs offer death. VR A15 (4) 1SM 9/59

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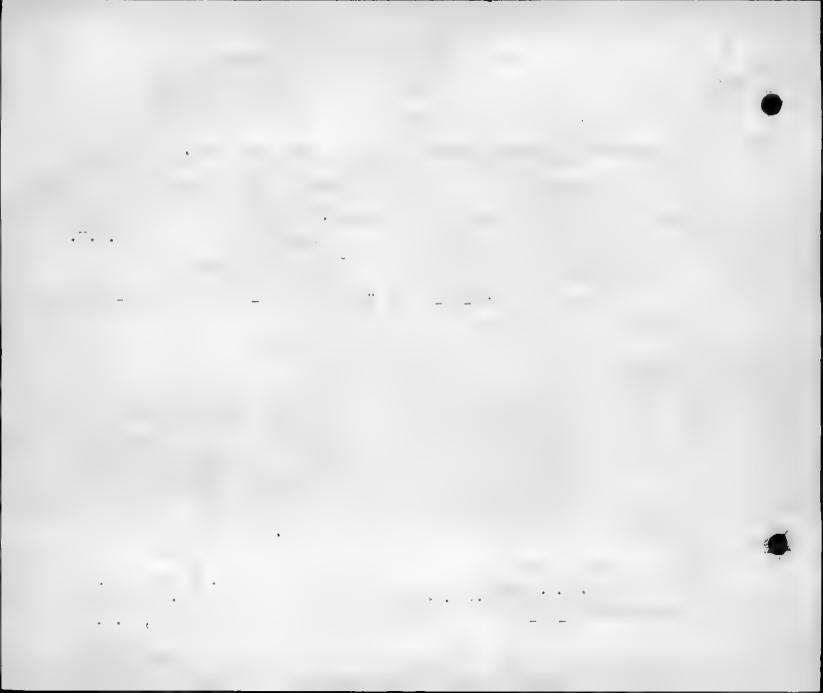
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1	36		MAKTLAND STATE DEPARTMENT OF REALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
	1		4750 CERTIFICATE OF DEATH	04739
urs after s funera 2 should	M		PLACE OF DEATH COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution: e. STATE D. C. b. COUNTY	Residence before edmission)
4 ho			c. CITY OR TOWN (if outside corporate I m.ts, write RURAL end give neerest town) 18 days C. CITY OR TOWN (if outside corporate I m.ts, write RURAL end give neerest town) Washington	nd give neerest town)
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ately ers 2 ho	0	3	NAME OF First Middle Last 4. DATE Month	Dey Yeer
mple pap			(Type of prof) Oscar ← Wilson , DEATH 4	7 19 61
William Co		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER lest birthday) Months	1 YEAR IF UNDER 24 HRS.
ne n n an s car ent,			Male Negro WIDOWED DIVORCED 1/8/09 52 yrs. 105. LISUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTH-PLACE (County & Stere, or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
tifica sicia move		do	e during most of working life, even if retired)	USA
phy pres		13.	Taborer Unknown S. C.	USA
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he of the control of			WAS DECEASED EYER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown] [[liyesgivewerordatesofaervice]	
hat the the the the the the the the the th		- ,	No Unknown (lost) Decedent	I INTERVAL BETWEEN
res training by by brands			18. CAUSE OF DEATH [Inter on y one cause per line for (a), (b), end (c)] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
bqui ined ined sit p			MMEDIATE CAUSE (e) Pulmonary Actinomycosis	2 months
nation			Conditions, if any, which (b)	
he lend bee urial-			geve rise to immediate cause (e), stating the underlying DUETO	
has has urial	1	_	ceuse lest. (c)	TOREY
CIAN pital of fficate a as the	17500003	ATION	Glomerulonephritis with Uremia; Biabetes Mellitus, mild	PERFORMED?
hosi certi		CERTIFICAT	20s. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part t or Part It of Itam 18.) OR CONTRIBUTING 1 CAUSE OF DEATH	Brand Brand
this self-			(IF EITHER, NOTIFY MEDICAL EXAMINER)	(2)
DING ned by After Jetache of He		MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) (City or town)	unity) (State)
TEN retai OR be o			21. I certify that (I) (this hospital) attended the deceased from 3/20/ 1:52961 to 1/7/ 15	61, that (I) (we) las
ould ate	1		saw the deceased alive on 4/7/	the date stated above
OTE She Si he Si	}		220. SIGNATURE WELL MD PHYS. DIRECTOR PHYS.	4/7/61 4/7/61
HOSPITAL TONERAL ector, page filed with			PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital	
HOSI eath. F FUN: irector,		230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (Crty, town or cour	(Stele)
5 g G p 2		-	- 1-01 amaen	3.0
VR A15 (4) 15M 9/60		24	FUNERAL DIRECTOR'S SIGNATURE HALL Brue, WASDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S D. Wall Gilly Cally Carlot Cally Date RPR 11 '61 Cillum	S. Kraug
		'=	The state of the s	



STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where decreased I ved. if Institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges
c CITY OR TOWN (if outside corporate limits, write RURAL and give neeres! lown) b, CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Hillcrest Heights Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO Prince Georges General Hospital 26th completely 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH within Jacob April and cor AGE (In Years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED rthdey) Months Male physician гелоув 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Germany Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Unknown Jacob Wilhelmina Oelfin 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT mer/Olsen-daughter/5502- 28th Ave 2000 Fairlawn Metval Bruten IB. CAUSE OF DEATH lenter only one cause per line for let, (b), and (c). ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b): 19. WAS AUTOPSY certificate \$ Q PERFORMED? USB prior 206. ACCIDENT WAS UNDERLYING | | 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year fectory, street, office bldg., etc.) While Not While at work el work CIOR: 1946, to 6 nell 1961, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from James 1951, and that death occured al. 100A, from the causes and on the date stated above. saw the deceased alive on 17.7.7.11 22b. DATE 22e. SIGNATURE ATTENDING MED SIGNED TO FUNERAL I director, page 3 be filed with DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S St. Harnabas NAME [Type] C.L. Farker Temple Hills. . Hd 23. BUBIAL CENATION 236, DATE THEREOF 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Washington, Congressional 25e REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) APR 1 3 '61 15M 9/60 DATE arthur & Trave



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY Columbia MARYLAND c CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE DECEASED OF (Type or print) DEATH AGE (In Years 6 COLOR OR RACE TO MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED X physician IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired ANNapolis OLICE MAN attending pl 16 SOCIAL SECURITY NO. 17, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? , (If yes give war or detes of service) (Yes, no, or unkown) using Home Records the 18. CAUSE OF DEATH [Finier only one cause per line for (e), ,b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO Z 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED , 2De, PLACE OF INJURY (Home, ferm, 2Df, (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Yeer (County) While Not While factory, street, office bldg., etc.) Hour a.m. et work at work 21. I certify that (I) (this house) attended the deceased from Conticus. .196. ..., and that death occurred at 20 f.M., from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. MD. leath. Page 4 PHYSICIAN 22d. ADDRESS 2300 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION; (State) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATUR 25e. REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE VR A15 (4) arilly & Krous 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 **BALTIMORE 1, MARYLAND** FOR STATE MEDICAL EXAMINER'S HEALTH DEPI 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a. COUNTY of Health, COUNTY MARYLAND b. CITY OR TOWN (if ouls de comporate amils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and alvernearest town) Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheet eddress) . IS RESIDENCE ON A FARM? 3. NAME OF Middla DATE DECEASED OF (Type or print) DEATH 19 (01 with 5. SEX 6. COLOR OR RACE 9. AGE (In yaars) IF UNDER 1 YEAR IF UNDER 7. MARRIED THE NEVER MARRIED Jest birthdey) lage 5 may 1 and 2 wii 72 hours Months Deys WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Gyva kind of work dope during most working life, even if retired 106 FOND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stala or foreign country 12. CITIZEN OF WHAT COUNTRY? pages | within ۵ PM3. 13. FATHER'S NAME with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. . 17. INFORMANT [Yes, no, or unkown] (Ifyesg vewarordet@sofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Offica DUE TO burial Conditions, If eny) which (b) geve rise la immediale couse DUE TO (a), stating the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0 19. WAS AUTOPSY whould be in ial, cremating PERFORMED? NO Medical 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter hatura of Injury in Part I or Part II of item 18.) PRIMARY To CONTRIBUTING TO 200. PLACE OF INJURY (Home farm, 0 4 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) factory, street, off ca bldg", etc.) Pag δ, While Not White at work al work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy ! Inspection forwarded to death resulted from. Natural causes Accident Suicide L Homicide Undetermined manner should be forwar FUNERAL DIR CHIEF MEDICAL EXAMINER ACTUAL . ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY **EXAMINER'S** NAME (Type) Address (Streat, c'ty, town, or county) 22a, BURIAL, CRÉMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 240 p FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaysed lived, If institution; Residence before edmission) Page our files. a. COUNTY e. STATE **b.** COUNTY b. CITY OR TOWN (if outside corporate i.mils, MARYLAND Maryland

c. CITY OR TOWN It outside corporate I m.ts, write RURAL and give nearest lown, c. LENGTH OF STAY IN 16 write RURAL and give nearest town for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Dead on arrival Baltimore Board 3 to the funeral dir d STREET ADDRESS ON A FARM? Prince George's General Hospital YES NO F 3. NAME OF DECEASED OF (Type or print) DEATH 19 61 William Dewey 9. Age (in Years | IF UNDER 1 YEAR. IF UNDER 24 HRS. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWED [DIVORCED [March uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, i Office along with form PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) within / Bus Driver Transit Co. Virginia

4. MOTHER SMAIDEN NAME William D. Tomack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Evelyn Womack permit. File Address [Yas, no, or unkown] | [[fyasgivawarordatasofservica] Mrs Bessie Oomack_ same as### is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comminuted fractures of both legs and thichs DUE TO -Crushed-chest (b) gava rise to immadiate causa (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? forwarded to the Chief Medical
L DIRECTOR: Page 3 should be
sted agent, prior to burial, crema NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY TO OF CONTRIBUTING ... Driver of an automobilethat (City or fown) Month, Day, Year Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😾 , Inquiry 😿 and in my opinion Suicide I death resulted from: Accident I Homicide | Undetermined manner Natural causes CHIEF MEDICAL EXAMINER should be forwer PUNERAL DIN ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 28th, 1963 NAME (Typa) / Address (Streat, city, fown, or county) 225. DATE THEREOF 22d. LOCATION (City, lown, or country) 40 9 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS, ATSME 5M 7/59

र प्रस्त्**ा**। . . .

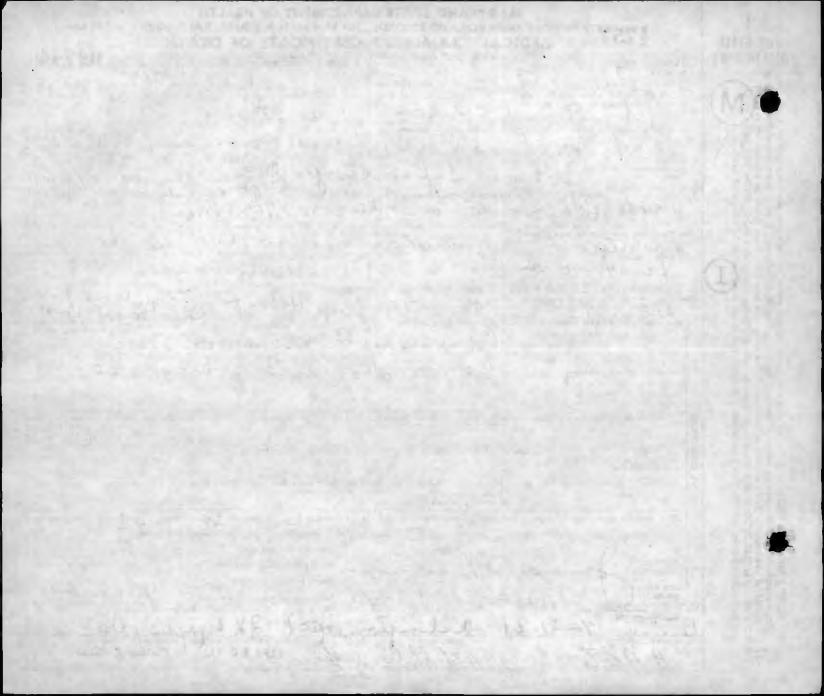
FOR STATE HEALTH DEPT. He Ith. sary, ege. Ö TO DEPUTY MED. I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is naplease execute the cardicate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction and a should be forwarded to the Chief Madical Examiner's Office along with form PM3. Rage 5 may be retained for you TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boal or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-	1 tem 9 - 1 tem - G285 + 4/24/61 + 1 wk - G474/61 + 1 tem - G285 + 4/24/61 + 4/
		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before domission)
1		6. COUNTY () 6. STATE () 6. COUNTY ()
4		Truel Granger MARYLAND Mentead the Horse
- 1	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
		write RURAV and give negress town)
1		Suttoned Lyen Suttone
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM?
		229 Mariland and 229 Marfand Energy NOT
	-	The transfer with the second s
1		NAME OF Last 4. DATE Month Dey Yeer
1		
1		The state of the s
-	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH) 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
1	C	10 - 10 Months Days Hours Min
1		Wilder WIDOWED DIVORCED NEED 30, 104 Player
1	10a	USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	dor	appring most of working life, even if relied
1		The the thing of the things of
1	10	James Constructed James James
	13.	FATHER'S NAME
V		Unknown Unknown
Л		
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
1	(Yes	ino, or unkown) (Iffyes give war or dates of service) - nc no 211-13
		Tes 1900 Die-9-2145 genil 11 well A I land well
	T	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
		PART I, DEATH WAS CAUSED BY
		IMMEDIATE CAUSE (a)
		11001
		4201 DUETO
		Conditions, if any, which (b) Contemporary Centery Lesetare
		gave rise lo immediale cause
		(e), stating the underlying DUE TO
		COURS Bast. (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[8] 19. WAS AUTOPSY
	Ĕ	PERFORMED?
	3	YES NO P
	E	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert it or Part II of Item 18.)
	E. E.	PRIMARY [] or CONTRIBUTING []
		CAUSE OF DEATH.
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)
	8	Hour a.m., While Not While fectory, street, office bldg., etc.)
	WEDI	p.m. 19 ef work at work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion
ı		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
1	-	
		CHIEF MEDICAL EXAMINER
		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
		HIONATURE M.D. ASSISTANT MEDICAL EXAMINER
		DEPUTY MEDICAL EXAMINER [7]
v		EXAMINER'S NAME (Typh) Address (Street city town or county)
		The state of the s
	22a.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY
	V	
	1	miel 7-21-61 alington pett of maren Da
	23.	EUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	1	2 A White 1 C2 1171 At C 11/2 APR 20'61 ariling & Krone
1	1	7. H. II Williamala 131-11/1 St. D. ?. William DATE
ľ	1	per per per per per per per per per per



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4758	THE OF	PLAIII		114735
1. PLACE OF DEATH			decessed lived, If Institution	Residence before admission)
	MARYLAND e. STA	maryland	b. COUNTY Pri	nce Georges
b. CITY OR TOWN (if outside corporete fimils, c. LENGTH		OR TOWN (If outside co	rporete limits, write RURAL	
write RURAL end give neerest town)	145	aquasco		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et eddress)	EET ADDRESS		. IS RESIDENCE
Southern maryland Hospital Cent	Er)			YES NO
3. NAME OF First MI DECEASED	ddle L	4. DATE	Month	Dey Yeer
(Type or print) Walter	s. you	UNS DEAT	H april	13 1961
6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF	BIRTH		RI YEAR IF UNDER 24 HRS.
male like to -	VORCED T 786.9	1880	lest birthday) Months	Deys Hours Min.
0e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN	ESS OR INDUSTRY 11. BIRT	HPLACE (Cour., & State,	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Jarms Jarms	ns ag	uasco, mai	ryland	U.S.A.
3. FATHER'S NAME	14. MOTH	IER'S MAIDEN NAME		
Torach Harrey Van	·c Mas	con + 1/in	n'113 (:	1-1
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECU	RITY NO. 17. INFORMA	garet Viv	91NIC GI	DDONS
(Yes, no, or upkown) (If yes give wer or detes of service)	10	sw yours	aquasa	o md.
NO 217-36-0	~ 11	sw young	agains.	
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) PART 1. DEATH WAS CAUSED BY:	and (c).	10.0	*	ONSET AND DEATH
IMMEDIATE CAUSE (a)	renary C	Juimor	Des	
4201 DUE TO		. 0	- 10	3 day
Conditions, if eny, which \ (b)	diovascul	esklus	Well-	20 0
geve rise to immediate cause	7			4-12
(e), steling the underlying ceuse lest.	All MISC	Dewondo	alulyle	
	DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	CONDITION GIVEN INPA	ART 1(e) 19. WAS AUTOPSY
7/10				YES NO T
20- ACCIDENT WAS THEIDERLYING TO LOOK OPECUTIVE HOW!	NJURY OCCURED, (Enter natu	an of injury in Roy I on Roy	II of item 19)	I IES [] NO []
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH I/F EITHER, NOTIFY MEDICAL EXAMINER		re or injury in Pert I or Per	i i of nem (b.)	
	RRED 200. PLACE OF INJU	BY (Home form 1 20) (C	ity or town) (C	County) (Stete)
Hour e.m. WhileNot While	fectory, street, o			(51010)
p.m. 19 at work et work			1	
21. I certify that (I) (this hospital) attended the de	ceased from	19761	o. KAN 13, 1	19.0.1 that (I) (we) last
saw the deceased alive on Abrul 17 19	and that death or	cured at 4.7. M. fre	om the causes and or	the date stated above
220. SIGNATURE		IDILLIC VIED	CTAFF	22b. DATE SIGNED
1 (tified & To	ALLO M.D. PHYS.	DING MED.	PHYS.	SIGNED
22c. PHYSICIAN'S	7/ 4/	ADDRESS	· - 12. 1	
NAME (Type) AUFRED K, L)	9 PIN, MP	(Vlent	m, my	
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME	OF CEMETERY OR CREMAT	ORY 23d. LQ	CATION (City, fown or cou	unity) (Stete)
REMOVAL (Specify) H-15-61	- Marys	Δ	202-12	mJ
24 FUNERAL DIRECTOR'S SIGNATURE ADDR	1110113	25e, REC'D BY REG	STRAR 256, REGISTRAR	SIGNATURE
	la de l	APR 1	0 04	of & Kinesa
The Huntt Funeral Home, W.	ALDORE INd	DATE		A, TOUNG

0/15 -50h SAL My less Mig-